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DUBLIN HEALTH AUTHORITY

REPORT

OF THE

CHIEF MEDICAL OFFICER

FOR THE YEAR 1962

DUBLIN :

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CHIEF MEDICAL OFFICER

FOR THE YEAR 1962

John B. O'Regan, B.Sc., M.D., D.P.H.



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DUBLIN HEALTH AUTHORITY

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(including Dun Laoghaire Borough)

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PREFACE

Municipal Buildings,
Castle Street,
Dublin, 2.

To the Manager and Members of the
Dublin Health Authority.

I have the honour to present the Annual Report on the
health of the City and County of Dublin for the year 1962.

J. B. O'REGAN.

VITAL STATISTICS*

	Dublin City	Dun Laoghaire Borough	Dublin County (remainder)
Population (provisional figures, 1961 Census)	535,488	47,803	132,865
Births	13,325	1,138	3,849
Birth Rate	24·8	23·8	28·9
Deaths (all causes)	5,627	586	1,040
Death Rate (crude)	10·5	12·3	7·8
Infant Deaths	452	35	118
Infant Mortality Rate	33·9	30·8	30·7
Neo-Natal Mortality Rate	21·8	19·3	17·4
Deaths from Measles	—	1	1
Deaths from Influenza	29	1	9
Deaths from Tuberculosis (all forms)	84	8	17
Death Rate from Tuberculosis (all forms) per 100,000 population	15·69	16·74	12·76
Deaths from Tuberculosis (Pulmonary)	80	8	15
Death Rate from Tuberculosis (Pulmonary) per 100,000 population	14·93	16·74	11·28
Deaths from Cancer	1,094	98	146
Death Rate from Cancer	1·94	2·05	1·09
Stillbirths	506	20	46
Stillbirth Rate	37·9	17·6	11·9

*With the exception of Stillbirths, the statistics in this Table were prepared from the Yearly Summary of Births, Deaths, Marriages and Certain Infectious Diseases, compiled by the Central Statistics Office.

Infant Mortality

The infantile mortality rate for the City has not changed since last year. The rate for both County and Dun Laoghaire has increased and no obvious cause for this can be found. It also appears that all the still-births from these areas are not being notified.

Death Rate

The death rate from Tuberculosis has fallen this year in Dublin City. There is the usual discrepancy between the figures supplied from the Registrar General and from our own Registrar. Many patients are now dying from heart failure following fibrosis of the lungs, consequent on tuberculosis, and are being certified as dying from the latter disease, which although it was the primary cause of the lung condition, was not the immediate cause of death.

It will be noticed that the death rate for cancer is higher in Dun Laoghaire than elsewhere. Dun Laoghaire is a borough to which many people retire, and the proportion of elderly people in it is therefore much greater.
(A graph showing the deaths in the City from cancer is shown hereunder).

Accident Deaths

Deaths resulting from accidents have not shown any appreciable change over the past number of years in the City. I have set out hereunder table showing the numbers killed and injured in road traffic accidents in the Metropolitan area since 1957.

Year				Deaths	Numbers Injured
1957	....	....	....	55	873
1958	....	....	....	59	781
1959	....	....	....	51	773
1960	....	....	....	58	1,121
1961	....	....	....	65	1,077
1962	....	....	....	53	1,082

*These figures are supplied through the courtesy of the Road Traffic Department, Garda Siochana.

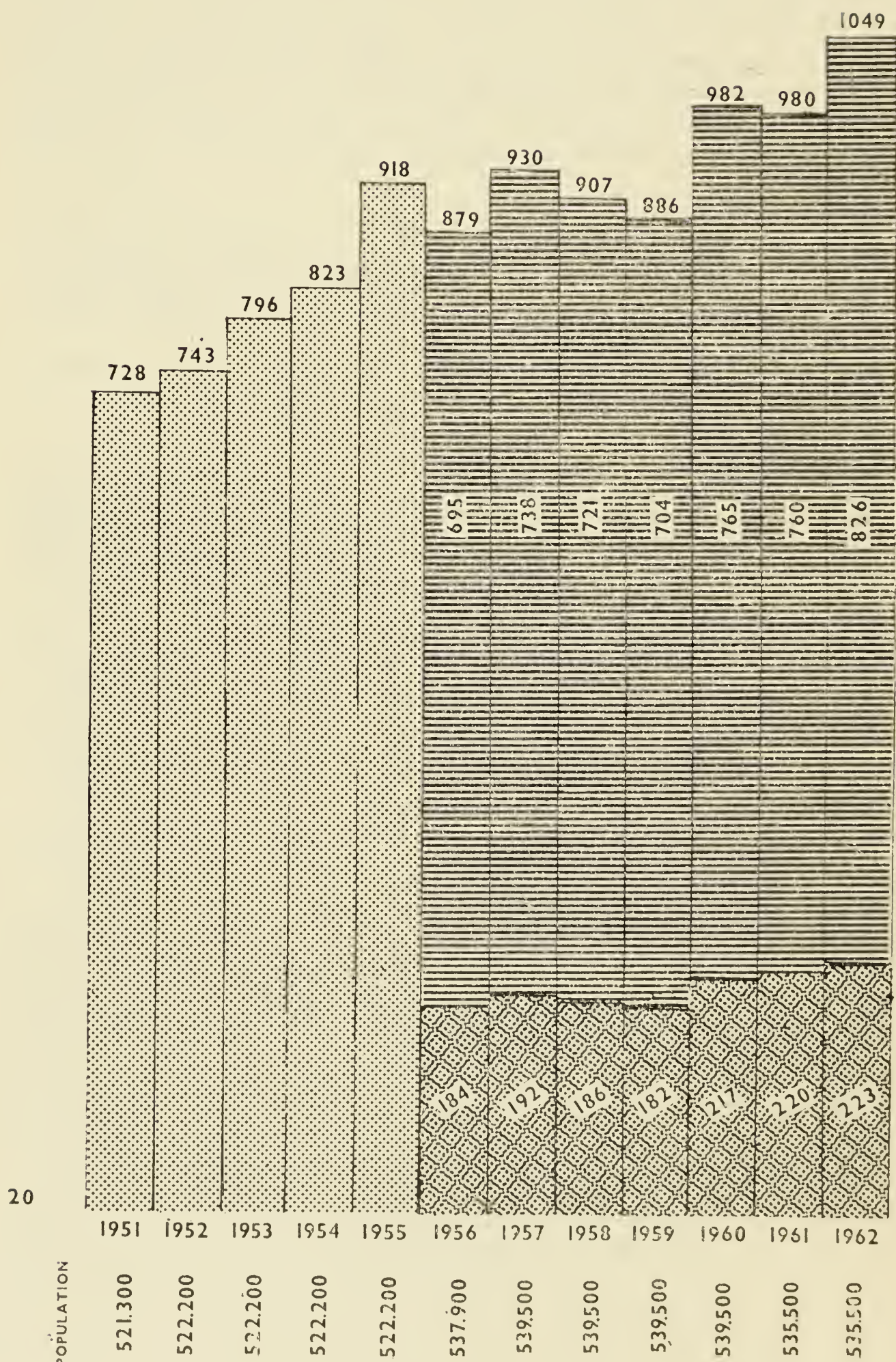
CANCER DEATHS

DUBLIN CO. BOROUGH

LUNG and BRONCHUS

OTHER SITES

ALL SITES



INFANTS DEATHS—DUBLIN CITY

Cause of Death	Under One Month			One month and over			Total	Approximate Percentages			
	Males	Females	Sub Total	Males	Females	Sub Total		1962	1961	1960	1959
Respiratory Infections	19	16	35	40	29	69	104	23.3	18.3	20	23
Gastro-Enteritis	4	1	5	10	6	16	21	4.7	5.5	2.5	5
Other Infections	3	1	4	3	3	6	10	2.2	2.5	1	3
Prematurity	32	35	67	—	—	—	67	14.9	16.5	25.5	19
Birth Injury	23	11	34	—	1	1	35	7.8	7	7	6
Asphyxia	2	4	6	—	—	—	6	1.4	2	2	2
Atelectasis and Hyaline Membrane	22	24	46	—	—	—	46	10.3	10.0	8	12
Congenital Malformations	27	35	62	18	27	45	107	23.9	28	23	20
Haemolytic Disease	4	7	11	1	—	1	12	2.7	5	3	2.5
Other Disease	7	4	11	9	7	16	27	6.1	4.7	6	6
Accidents	1	—	1	9	2	11	12	2.7	.5	2	1.5
	NEO-NATAL Total 282			GRAND TOTAL 447							

Based on weekly returns from the Department of Health.

This year's table shows comparative percentages over the past four years. It will be seen that no substantial change has occurred under any heading.

MATERNITY AND INFANT SERVICES SCHEME

CONFINEMENTS

SERVICES	Area	Births	Abs. and Misc.	Cost
Domiciliary (Family Doctor and Nursing Home Cases)	City	2,299	360	£18,577
	County D'Laoire	667 166	95 28	5,213 1,331
	TOTAL	3,152	483	25,121
Domiciliary (Family Doctor) cases referred to Hospital	City	432	92	2,358
	County D'Laoire	234 286	40 22	1,233 1,386
	TOTAL	952	154	4,977
Institutional	City	7,069	508	84,148
	County D'Laoire	1,438 363	97 22	16,274 4,374
	TOTAL	8,870	627	104,796
District cases under Hospital care	City	966	372	3,212
	County D'Laoire	32 23	27 3	137 63
	TOTAL	1,021	402	3,412

Abortions and Miscarriages totalled 1,666 or 10.65% of the total number of pregnancies dealt with under the Scheme, compared with 1,572 or 10.47% last year.

There was a total of 18,312 births during 1962, of which 13,975 or 76.3% were dealt with under the Scheme. The corresponding figure last year was 77.1%.

The Scheme is free to mothers in the lower and middle income groups.

In addition to the cost shown above, a total of £11,676 was paid to Midwives who assisted at Domiciliary confinements (£11,511 last year), while £24,122 was paid to Maternity Hospitals in respect of 1,829 infants who were detained for treatment (£18,079 for 1,441 infants last year).

TABLE No. 1—Table showing Annual Rate of Mortality, and Deaths from Certain Causes, City of Dublin, 1932-1962.

	Annual Rate of Mortality		Total Deaths	Deaths under One Year	Infant Mortality Rate	Typhus	Typhoid	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Diarrhoeal Diseases	Dysentery	Tuberculosis		Cancer
	From all Causes	From Principal Epidemic Diseases												Pulmonary	Other Forms	
1932	15.6	1.1	6,536	1,067	102	—	4	42	19	121	82	190	—	551	144	484
1933	15.3	0.9	6,405	891	83	—	14	72	24	42	110	152	2	584	157	478
1934	13.6	0.7	5,748	578	79	—	9	11	9	88	76	124	—	570	144	544
1935	15.2	1.0	6,506	1,067	93	—	11	87	4	18	89	203	—	565	164	527
1936	15.0	1.3	6,996	1,337	115	—	2	90	18	57	110	254	—	602	137	540
1937	14.9	1.0	7,023	1,231	106	—	11	46	66	73	84	242	—	565	156	563
1938	13.3	0.8	6,355	1,144	98	—	1	37	26	33	92	214	—	558	135	581
1939	13.3	0.8	6,403	1,036	90	—	2	51	22	26	84	209	—	568	148	585
1940	14.5	0.7	7,065	1,039	92	—	7	23	5	43	56	233	—	636	153	584
1941	14.1	1.3	6,903	1,339	118	—	3	32	7	38	54	506	—	610	151	582
1942	14.0	1.3	6,855	1,311	105	—	4	17	5	72	56	465	—	762	162	626
1943	14.5	1.5	7,268	1,617	128	—	6	5	6	63	84	609	—	733	174	631
1944	14.1	1.3	7,141	1,509	125	—	3	47	7	39	74	513	—	604	195	643
1945	14.0	1.3	7,036	1,424	114	—	8	5	—	30	36	557	1	643	181	622
1946	13.2	1.0	6,690	1,266	96	—	3	13	—	43	13	461	5	594	176	602
1947	14.1	0.8	7,253	1,194	88	—	2	22	—	120	5	282	—	651	193	648
1948	10.9	0.2	5,660	624	48	—	—	12	—	16	1	80	1	573	117	666
1949	11.3	0.4	5,969	828	65	—	2	18	2	47	—	132	4	455	86	731
1950	11.0	0.15	5,894	609	48	—	1	19	4	15	1	41	—	390	96	707
1951	11.9	0.09	6,219	575	45	—	—	10	2	16	—	22	—	367	67	728
1952	10.1	0.07	5,261	439	34	—	—	9	—	4	—	19	—	259	48	743
1953	10.0	0.09	5,219	484	39	—	—	11	2	12	—	28	—	234	34	796
1954	10.4	0.06	5,420	449	35	—	—	11	1	2	4	24	—	208	28	823
1955	11.1	0.18	5,801	435	34	—	—	5	—	7	13	24	—	141	13	918
1956	9.9	0.07	5,347	457	36	—	—	8	—	13	12	39	—	134	20	879
1957	10.4	0.03	5,584	421	33	—	—	5	—	1	6	33	—	128	12	930
1958	10.1	0.01	5,347	487	41	—	—	—	—	1	4	29	—	116	13	907
1959	10.4	0.03	5,502	433	36	—	—	5	—	6	8	23	—	94	11	886
1960	10.2	0.02	5,393	383	30	—	—	2	—	—	2	10	—	108	6	982
1961	10.7	0.08	5,747	435	34	—	—	16	—	3	2	25	—	119	8	980
1962	10.5	0.05	5,627	452	34	—	—	—	—	—	1	23	—	80	4	1,049

From yearly summaries compiled by the Central Statistics Office.

Infectious Diseases

Of the minor infectious diseases, only Measles was epidemic during 1962, and the number of cases of Poliomyelitis and Diphtheria that occurred was small. It would appear that we are now in the trough of the diphtheria epidemic wave, and unless the numbers immunised are increased, or at least maintained at their present level, a further outbreak of this disease may be expected in two or three years time.

There were eight cases of Typhoid. This number was much greater than that which was usual over the past few years. Seven of these referred to three family outbreaks—in only one of which are we reasonably certain as to the source of origin, whereas, in the other two the evidence tended to incriminate members of the family of advanced age who had recently visited the houses from the country. It was not possible on further testing to prove our suspicions.

Smallpox

In the last week of 1961, we were notified of the occurrence of Smallpox in Bradford, and later in London and Wales. At the same time, there was another outbreak in Aachen, Germany. The disease in Britain was imported from Pakistan, and it received widespread publicity in the Press, and on the Radio and Television. Because of the very close contact between Britain and this country, our people became very anxious and worried lest the disease be introduced into this country. The demand for vaccination increased so much that we had to satisfy it, and at the same time avoid promoting a demand which would lead to a Mass Vaccination Campaign.

Our weekly clinic at Lord Edward Street was not able to deal with the numbers seeking vaccination, and extra clinics and extra personnel had to be employed. At one time, ten doctors were putting 4,500 cases through the clinic in three hours—seven vaccinating and three checking. In all, over 25,000 vaccinations were done and checked, and certificates were issued to those who had been vaccinated successfully.

The situation in Wales became so grave that it was necessary to advise the Irish Rugby Football Union to postpone the International Rugby match with Wales which was due to be played in Dublin.

Persons arriving in this country by sea and air were subject to health control, and those coming from the infected areas had to be kept under observation for several days. This work was done by the Health Inspectors who, at the same time, endeavoured to carry out their normal duties for which they were responsible. Great credit is due to all the personnel who were involved, for the long hours they worked, and for the interest they took, and for the thorough manner in which the work was done.

Many patients were admitted for diagnosis and observation, to the isolation unit at Vergemount.

This experience and that of checking contacts from infected ships, has made us very much aware of the shortcomings of the certificate of vaccination in the form required by the Sanitary International Centre Regulations.

When the vaccination is a primary one, the results of the take have to be indicated. If this has been successful, one feels reasonably safe in discharging such a person from observation. Re-vaccinations need not be inspected to find out if they were successful or not, and from questioning many people, it would appear that the proportion of unsuccessful re-vaccinations is very high. Primary vaccination makes the skin resistant to a subsequent re-vaccination and, therefore, more trauma and greater care is necessary in order to produce a “take”.

The speed of modern travel has increased the menace of Smallpox to countries which have been free, or relatively free, from it. Every measure possible should be taken which might prevent its introduction to such countries. The World Health Organisation may consider a requirement that re-vaccinations should be inspected and if unsuccessful, repeated.

Hospitals

The mental hospitals are over crowded, and there is a pressing need to find accommodation for psychotic patients who have chronic disease and are in need of little more than simple nursing care. It was possible during the year to take thirty more patients of this type into St. Mary’s Hospital. It becomes difficult to recruit nursing and medical staffs, when a hospital has given over a large number of its beds to the care of elderly patients suffering from chronic, mental or physical, disease. It is important to preserve in it, a unit where active treatment is carried out and where there is a quick turnover in patients. This preserves the interest of the staffs and allows nurses, who have had the laborious duty of tending to heavy incontinent patients, to look forward to a period of duty in the active unit.

There are now only forty beds for male tuberculosis patients in St. Mary’s Hospital.

The Parity Table which was first mentioned in the 1959 Report, is given again this year.

The figures are practically identical with those of 1959.

PARITY	1	2	3	4	5	6	7	8	9	10	11	12	12+
	Per Cent												
			81·6										
Births	23·8	20·7	16·3	12·3	8·5	6·0	3·6	2·7	2·2	1·4	·9	·7	1·9

DUBLIN CITY

DISABLED PERSONS ALLOWANCES

NEW APPLICATIONS	Medical Exams and Review	Medical Rejects	Number Paid	Total Yearly Payment
480	638	30	1,565	£85,735 12 6

BLIND WELFARE

Number assisted in their own homes

Single or widowed persons

Males 197

Females 520

717

Married persons

Males 82

Females 24

106

Number maintained in Institutions

Males 74

Females 57

131

Total

954

Payments in connection with the Scheme

Allowances to Blind Persons in their own homes £39,147

Payments to Institutions £16,355

£55,502

INFECTIOUS DISEASES

M. CROWE, F.R.C.P.I., D.P.H., T.D.D.

Deputy City Medical Officer

Article 12 of the Infectious Diseases Regulations, 1948, imposes on the Dublin Health Authority the obligation of making arrangements for the diagnosis and treatment of infectious diseases in persons living in Dublin City and County. Over 40 diseases are specified to be infectious diseases for the purpose of these Regulations.

To meet its obligations under these Regulations the Health Authority, in addition to its medical, nursing, and health inspector personnel, own and administer :—

- (1) (a) Vergemount Fever Hospital, an institution of 112 beds for the treatment of infectious disease. There is also a unit reserved for the treatment of Smallpox.
(b) Dublin Fever Hospital, an institution of 282 beds (came under the administration of Dublin Health Authority on 1/7/60).
- (2) An ambulance service consisting of 5 ambulances for the transport of patients with infectious disease—one ambulance being housed in Vergemount and four (one for polio cases) in Dublin Fever Hospital.
- (3) A bacteriological laboratory located in the Crumlin Health Centre, and an analytical laboratory at 10 Cornmarket.
- (4) A disinfecting and disinfesting centre in Francis Street. This includes three Washington-Lyon disinfectors (one of which can be adapted for disinfection with formaldehyde), a 'formalin' room, and 2 reclining baths.

The rooms from which patients with tuberculosis, poliomyelitis, enteric and diphtheria, are vacated, are sprayed with a disinfectant—Izal—and their clothing, bedding, etc. transmitted to the centre for steam pressure disinfection.

During the year 135 persons were disinfested at the Centre.

A general practitioner and consultant service is available to those eligible under Section 14 of the Health Act, 1953. The persons eligible in Dublin City total 77,000 (including dependants). The general practitioner attention is provided by 52 district medical officers.

There is no general practitioner, but there is a consultant, service for those eligible under Section 15 of the Health Act, 1953. The consultant service is available only for those who can attend hospital extern departments. It does not provide for domiciliary consultations. In this respect, the British Medical Journal of 19th December 1959, in a leading article states : "The introduction

of domiciliary visits by consultants in Great Britain is one of the outstanding medical advantages attributable to the National Health Service, the benefits it has brought being out of all proportion to the cost”.

Six nurses are engaged whole-time, and 7 part-time (during ‘Jubilee’ training), on home nursing duties. However, the greater part of the City is unprovided with this most important health service. There is no ‘home help’ service.

For these reasons, and the fact of large families and still existent unsatisfactory housing circumstances, home treatment is difficult. However, even when feasible there is, for many outside the 77,000 for whom a full general practitioner service is provided, the question of cost. Indeed instances have been met where possible expense deterred families calling a doctor as quickly as they should.

There is, therefore, a relatively high incidence of hospitalisation which is provided free for infectious diseases.

Hospital treatment for these diseases is provided in Vergemount and Dublin Fever Hospitals.

These infectious diseases which, because of incidence, mortality, or other potentiality for harm, are of particular concern, are enlarged upon in the following pages. (Venereal disease and Tuberculosis are covered in the relevant sections). It will be appreciated that incidence and mortality tables must be based on notification and certification by medical practitioners.

It is, of course, likely that some parents take for granted the occurrence of childhood ailments and do not call in a doctor. For this reason, it is to be expected that our notification figures, at least for the everyday notifiable diseases, err on the small side.

This section on infectious diseases only covers this problem as it affected Dublin City. The attempt is not made to present this problem, and the steps taken to meet same, in the Health Authority area outside Dublin City.

Poliomyelitis

Twelve notifications of Poliomyelitis were received during the year, an incidence of .02 per 1,000 population. All were treated in hospital. No deaths occurred.

The notifications, were in the following age groups :

years under 1	years 1—2	years 3—4	years 5—8	years 9—17	years over 17
2	3	4	2	—	1

Faeces from 6 were subjected to virological examination, poliovirus being recovered from 5—type 1 from 3, type II from 1, and type III from 1.

Two patients had respiratory muscles, 7 had one limb, 2 had two limbs, and 1 had four limbs, affected. Hospital assessment was 'severe' in 1, 'moderate' in 1, and 'mild' in 10, patients.

Poliovirus type I was recovered from 3 'mild'; type II from the 'moderate'; and type III from a 'mild'. Eleven patients had left hospital by 31st March, 1963, to receive as externals such physiotherapy as required.

No patient had received a standard course of immunisation. The notifications were received as follows :

Jan. —	Feb. 1	March —	April —	May —	June 1 (type III)
July 1	Aug. 6 (1 type I)	Sept. 1 (type I)	Oct. 1 (type II)	Nov. 1 (type I)	Dec. —

There is a known tendency for Poliomyelitis to occur in Summer and Autumn, transmission being seemingly facilitated by warmth. This tendency brings it into line with enteric diseases and provides a basis for belief in spread by ano-oral contact. As ten of the twelve cases occurred in June—October, this tendency manifested itself in Dublin this year, and also in 1961 and 1960. It has not, however been a constant feature in previous years.

The environmental circumstances of each patient was the subject of detailed scrutiny.

Six came from Corporation houses, 4 from Corporation flats, and 2 from poor type tenement houses.

Cases were not localised to a particular area, and more than one case did not occur on a road.

There were 52 home contacts and all were observed for three weeks, none sickening while under observation. Sixteen members of 5 contact families had nose and throat swabs examined and poliovirus was recovered from 5 members of 3 families. These 5 members did not manifest any ill health.

One case of lymphocytic meningitis (poliovirus type I) had contact with 1 of poliomyelitis (type I) but otherwise contact between patients could not be established. This is, perhaps, surprising because contact of susceptible and infectious persons must be the basis of propagation and, indeed, in some studies has been recorded in up to 20% of cases. As a matter of fact in the Medical Officer of 23rd June, 1961, Dick and Dane of Belfast mention the experience of the Rhode Island epidemic of 1960 in which 50% of cases had traceable contact with another case, 30% being direct contact between patient and patient.

No case was associated with operations on mouth, throat or nose.

TABLE NO. 11—Table showing the number of Notifications of Infectious Diseases, City of Dublin, 1932-1962.

	Typhus	Typhoid	Diphtheria	Scarlet Fever	Cerebro-Spinal Fever	Encephalitis Lethargica	Erysipelas	Ophthalmia Neonatorum	Pneumonia	Puerperal Sepsis	Dysentery	Malaria	Diarrhoea and Enteritis	Measles	Whooping Cough	Acute Anterior Poliomyelitis	Trachoma	Penicillitis Neonatorum	Acute Lymphocytic Meningitis
1932	2	96	862	1,082	8	1	105	1	253	12	—	—	.	.	—	—	.	.	.
1933	—	49	1,073	714	6	5	117	—	196	12	—	—	.	.	—	—	.	.	.
1934	—	38	983	661	15	1	128	—	134	15	—	—	.	.	—	—	.	.	.
1935	—	22	936	907	19	—	158	—	135	23	—	—	.	.	—	—	.	.	.
1936	—	53	870	1,768	33	3	188	1	120	18	—	—	.	.	—	—	.	.	.
1937	—	44	810	1,075	38	2	130	.	156	13	1	—	.	.	—	—	.	.	.
1938	—	19	958	1,154	25	6	148	2	133	15	—	—	.	.	—	—	.	.	.
1939	—	27	913	761	13	4	85	1	151	16	3	1	.	.	3	3	.	.	.
1940	—	65	720	627	27	3	94	11	260	13	1	—	.	.	1	1	.	.	.
1941	—	53	451	511	34	3	117	12	213	18	—	—	.	975	428	8	100	3	.
1942	—	33	624	678	33	2	130	13	358	22	1	1	2,657	1,427	1,423	53	42	1	.
1943	—	23	1,351	658	38	2	163	7	346	15	2	—	2,031	419	586	7	64	1	.
1944	—	*148	1,330	355	50	6	212	3	448	17	8	1	1,279	3,548	1,267	3	47	—	.
1945	—	14	861	303	20	8	207	10	452	14	28	1	1,837	2,112	1,275	19	48	—	.
1946	—	15	403	341	6	1	205	5	767	12	8	—	1,853	798	1,288	21	15	1	.
1947	—	10	185	476	32	—	200	6	633	9	8	1	1,868	3,440	2,293	28	22	—	.
1948	—	10	98	2,728	33	1	219	8	663	9	13	1	1,175	1,558	851	5	9	2	.
1949	—	1	21	2,601	40	—	159	6	621	6	17	—	2,217	3,478	2,512	18	2	1	.
1950	—	4	4	1,686	32	3	181	4	.	2	9	—	625	2,768	1,894	51	8	1	.
1951	—	—	5	695	32	4	129	11	.	3	14	—	930	2,618	1,405	15	5	—	.
1952	—	—	2	458	33	3	133	3	.	7	27	1	623	3,514	2,063	10	10	—	.
1953	—	—	—	620	25	1	118	2	.	6	22	—	908	3,443	2,203	28	2	—	.
1954	—	4	17	532	22	—	80	—	.	3	39	—	459	3,847	419	20	—	—	.
1955	—	1	64	393	16	—	70	—	.	2	41	—	973	3,628	1,699	25	—	—	.
1956	—	5	211	418	16	—	70	2	.	4	30	1	706	3,607	2,300	85	1	1	13
1957	—	1	81	407	13	—	67	—	.	2	43	—	916	2,528	491	20	—	1	46
1958	—	4	40	432	7	—	55	—	.	1	173	1	1,083	1,270	517	82	—	—	56
1959	—	3	60	489	21	—	50	1	.	1	166	—	1,164	4,155	1,976	11	—	—	29
1960	—	—	55	365	6	—	36	—	.	4	179	—	917	832	645	83	—	—	52
1961	—	—	36	229	4	—	35	—	.	1	217	—	990	5,486	668	12	—	—	29
1962	—	8	12	254	7	—	32	—	.	2	54	—	1,136	2,128	184	12	—	—	30

(Dot (·) indicates that the disease in question was not notifiable in that particular year.

*Includes 83 cases Paratyphoid Fever B.

12 household contacts were excluded from school for three weeks.

During the year vaccination was administered, under Health Authority auspices to expectant mothers, staffs of institutions who might come in contact with poliomyelitis, and teachers (with families of such staffs and teachers), irrespective of financial status. It was also administered to persons aged 6 months—40 years qualifying on financial grounds, i.e. classified as coming within the 'lower' and 'middle' income groups. The Health Authority does not undertake responsibility for the immunisation of persons outside these groups.

7,770 'eligible' persons completed a course of 3 injections of inactivated vaccine, and a further 956 received a fourth injection 2 years after completion of course, under these arrangements—a significant decrease from the 16,000 completed in 1961.

An explanation of this reduction is the fact that it takes 9 months to complete a course and many courses completed during 1961 would have been started in 1960. 1960 was a high incidence year (83 cases) and alarm would have been a potent factor in stimulating parents to get children immunised. In contrast, 1961 was a low incidence year (12 cases) with consequent less alarm and, therefore less stimulation for parents to start their children's immunisation. A similar public reaction occurred in 1959 when, following high incidence in 1958 (85 cases), 12,000 completed an immunising course; whereas in 1960 following low incidence in 1959 (11 cases) only 5,000 completed the course.

Of course many persons not coming within the 'lower' and 'middle' income groups were immunised by private arrangement with family medical attendants. As with Diphtheria and Pertusis, the number immunised by private arrangement is unknown to the Health Authority but is believed to be considerable.

One child sickened within 11 days of third 'Triple Antigen' injection, the inoculated limb not being among those affected with paralysis. Another child had an antibiotic injected on day of sickening, the inoculated limb being affected with paralysis.

Thirty notifications of lymphocytic meningitis were received during the year. Thirteen were subjected to virological study. Poliovirus was found in 3 (2 type I and 1 type III) and E.C.H.O. in 2.

Developments in virology have, however, established that neurological disease, including paralysis, can be caused by viruses other than Poliovirus. E.C.H.O. was found in 2 Dublin cases and it is possible that among the remainder, from whom Poliovirus was not isolated, viruses other than Poliovirus were causative factors.

If this were so, a peculiar situation would manifest itself here because under the Infectious Diseases, Regulations 1948, free institutional treatment is provided for those with 'acute anterior poliomyelitis'.

These Regulations do not specify free institutional treatment for those with central nervous system derangement caused by E.C.H.O., Coxackie, etc.

The question would arise, therefore, as to whether the legislature intends to differentiate between paralysis caused by Poliovirus, Coxackie, E.C.H.O., etc., by providing free institutional treatment for the victims of one and not the other.

It is timely, therefore, to review the Infectious Diseases Regulation, 1948, with a view to extending their benefits to those afflicted with paralysis irrespective of the causative agent.

Diphtheria

12 notifications of diphtheria (including a household outbreak of six cases) were received during the year, an incidence of .02 for 1,000 population. All were treated in hospital. There was one death.

The notifications were received in the following age groups:

years under 1	years 1—2	years 3—4	years 5—9	years 10—14	years 15—24	years over 24
1	1	2	7	—	1	—
(1 death)						

That feature of recent outbreaks in other cities, i.e. a significant proportion of adults being affected, was not so evident in Dublin City this year with 8% of patients over fifteen years, as last year when the proportion was 14%.

3 patients gave a history of prophylaxis, but none had received a standard course of immunising injections. Apart from the household outbreak referred to below, involving six out of seven unimmunised children, there was no localisation of cases.

6 cases came from a badly kept private house, 1 from a good class private house, 2 from a Corporation house, 1 from a Corporation flat, and 2 from a fair type tenement house.

The cases occurred as follows :—

Jan.	Feb.	Mar.	April	May	June
—	2	—	—	2	—
July	Aug.	Sept.	Oct.	Nov.	Dec.
1	—	—	—	1	6

1 family had 6 cases and 1 had 2 cases.

One would expect familial contacts to be in particular danger of contracting this disease, and there have been many studies of the frequency with which virulent bacilli are found among such persons. One such study in Baltimore, U.S.A. in the early nineteen twenties revealed no less than twenty-three per cent of home contacts carrying virulent bacilli for varying periods.

There were 43 homes contacts to our cases. One was found with clinical diphtheria on the initial visit and the remainder were swabbed on one occasion. 6 (14%) were found positive, 5 being hospitalised of whom one developed clinical diphtheria. 3, initially negative, also developed clinical diphtheria.

Our finding of 14% positive among household contacts is above that of previous years, i.e. 6% in 1961 and 7% in 1960. However, in Dublin this is a finding subject to variation, and had our contacts been swabbed more than once the percentage would have been higher.

13 household child contacts were found unimmunised. 4 were given serum followed by active immunisation. Active immunisation of 8 was commenced straightaway. The remaining unimmunised contact, aged three weeks, was left alone and subsequently developed nasal diphtheria. 1 child contact had been immunised some years back and was given a 'booster' dose.

The Health Authority provides facilities for immunisation as follows :—

- (a) By arrangement with the 50 District Medical Officers.
- (b) Weekly sessions at 14 different centres. Monthly sessions in Scout's Hall, Donnybrook; and 2 in the Regina Coeli Hostel.
- (c) Visitation of schools; during the year 227 visits were made to 73 national schools (including orphanages).

Children are brought for immunisation as a result of :—

- (1) Health Visitors' efforts during routine home visiting.
- (2) Circular letter from C.M.O. to parents of children reaching four months.

During the year 9,988 children (8,529 pre-school and mainly babies, and 1,459 of school going age) completed an immunising course, and a further 6,490 received a booster dose, as a result of these arrangements. Children are also immunised by private practitioners but the Health Authority has no arrangement—as in Britain—to obtain information as to the number. This number is, therefore, unknown to us but is believed to be considerable.

The Health Authority makes available to practitioners anti-diphtheria serum for the protection of contacts, but there was little demand for this prophylactic during the year.

7 home contacts were excluded from school pending the result of swabbing.

Enteric Fever

There were eight cases of typhoid during the year, the highest since 1948 when there were ten cases. Two were familial outbreaks each of three cases, and two were sporadic incidents.

In one outbreak, a child from a household of seven developed typhoid (phage type E.1).

The six contacts were apparently well when first seen. However, the widow of one child showed 'H' in 400 ('o' and Vi negative) and she sickened two days later. The third child, initially negative serologically and bacteriologically, sickened a few days after that.

While the first child infected the other two, the origin of this outbreak is open to conjecture. A grandmother, living outside Dublin City but a constant visitor to the household, developed typhoid a few days before the first child. Onset of illness was consistent with both being infected from a common source.

There was no association with our two known E.1 phage type carriers and no common source could be unearthed.

However, though the grandmother's condition suggested recent typhoid she had, in fact, been in bad health for some months past. During this time she had been in contact with a relative from the West who had come to Dublin for treatment and had died two months beforehand from cancer. Although the question of the relative being a typhoid carrier had not been raised during her lifetime, the county medical officer did, subsequently, inform us that the locality in which she resided had a particularly bad typhoid history.

The possibility, therefore, presented itself that the grandmother was infected by this relative at an earlier date than seemed likely, from her clinical state to, in turn, introduce infection to the household.

In the second outbreak, a mother and child from a household of eight developed typhoid (phage type E.1.).

Of the six contacts the father, though on his feet, was found pyrexial and very ill when first seen and became the third case in this episode. The remaining five remained well.

The source of infection could not be unearthed. An aged female relative from another county had stayed in the household a few weeks before the outbreak. The county medical officer subsequently examined this woman and found her serologically and bacteriologically negative.

There was no association with our two known E.1 phage type carriers.

One sporadic incident involved a girl from a household of seven (phage type N.).

Her father, now deceased, had been in hospital with typhoid (not phaged) eighteen years ago. Her mother gave a history of being in hospital with what was thought to be typhoid some fifty years ago but enquiry at the hospital could not verify this fact.

The six contacts were apparently well when first seen. However, the mother's widal showed 'H' in 400 and 'o' 1 in 60 (Vi negative) and her faeces was positive (phage type N). Two other children had positive excreta.

These three remained symptomless. They were apparently transient excretors as typhoid organisms were found on but one occasion.

The source of infection in this incident is believed to be the mother, possibly an intermittent carrier since childhood typhoid or possibly infected by her late husband. The energetic antibiotic therapy received in hospital may have cured her carrier state.

The other sporadic incident involved a man from a household of five (no organisms recovered for phaging). He sickened thirteen days after returning from Spain where he had spent the previous fortnight.

The four contacts remained well.

The source of infection in this incident is believed to have been outside this Country.

One known chronic carrier (phage type E.1) died during the year so there remain three (two phage F.1 and one phage E.1) under supervision.

In an effort to discern to what extent typhoid bacilli might be conveyed by casual hand contact, swabs were taken from toilet door handles in these three homes with negative results.

This number of carriers is small and it may be, of course, that there are others of whose existence we are unaware. At the same time it must be borne in mind that release tests of enteric patients prior to discharge from hospital include, as well as excretal examination, a Vi agglutination test, and that those with suggestive titres remain under supervision.

Then, there is the fact that from November, 1947, to May, 1948, sewerage effluent was examined at weekly intervals, always with negative results. Also, sporadically, from 1954 onwards, effluent has been examined, using the "Moore Swab" technique with, up to now, but one positive result. They were not tried this year, but in 1957 nine such examinations were made with one positive result—from a sewer into which fed the drainage of a dwelling in which a carrier lived.

If there were many carriers in circulation, one would expect more of these specimens to have revealed enteric organisms. The negative results suggest that the much higher incidence of carriers found in other cities in previous years does not hold in Dublin City to-day.

Tinea Capitis

9 cases of Tinea Capitis were notified during the year. It is the practice in Dublin City to have all child contacts examined

under a wood lamp, and during the year under review 15 contact children were so examined. Two cases were discovered and referred for treatment. No animals were examined.

Food Poisoning

One outbreak was encountered during the year. It involved the restaurant of a large business concern. Seventy persons out of 400 who lunched, sickened about 12 hours later. Symptoms were abdominal colic and diarrhoea. Illness was transitory and all but 3 were at work the following day.

B. Welchii was found in meat rissoles from the meal in question. With two exceptions, all affected had eaten the rissoles which tasted good.

Blood and faeces was examined from 2, so severely affected as to need medical attention, with negative results.

The minced meat for the rissoles had been boiled on arrival at the restaurant, kept in a refrigerator overnight, and reheated the following morning during preparation of the rissoles.

None of the kitchen staff suffered recent ill health, and their faeces, in which B. Welchii, a normal bowel inhabitant was found, were normal.

Enquiry at the butcher's shop established that the mince was normal on leaving there and it is presumed that, though kitchen practice was observed to be good, it was contaminated by casual contact in the period between boiling and reheating.

Salmonellosis is the only type of food poisoning made notifiable, and for which the right to free institutional treatment is provided, by the Infectious Diseases Regulations, 1948. This outbreak, therefore, underlines a rather paradoxical feature of our health legislation in that had any of its victims needed hospitalisation this right to obtain it free of charge would not hold because their gastro-enteritis was caused by Welchii, and not Salmonella organisms. Such sufferers might then, have found themselves liable for the cost of their institutional care though the Health Authority usually interprets Section 15 (3) of the Health Act, 1953 generously to those hospitalised because of non-notifiable infectious disease.

Dysentery

54 notifications of dysentery were received during the year, an incidence of .1 per 1,000 population. 40 (74%) were treated in hospital. There were no deaths.

There was a marked reduction in incidence this year, annual incidence varying from 166-217 cases during the previous four years.

Actually, mild Dysentery has become so common that notifications bear no relationship to the real extent of the disease. It usually responds to chemotherapeutic and/or antibiotic agents, which can also be administered prophylactically to contacts.

Sonne organisms caused 21, and Flexner 9, cases. Many of the remaining cases were treated at home, and the results of any excretal organisms are unknown to us. Excreta was examined from 67 of 120 home contacts, 2 being found positive of whom 1 was hospitalised.

Rubella

462 notifications of Rubella (83 females over 18 years) were received during the year, an incidence of .9 per 1,000 population. 114 (24%) were treated in hospital. There were no deaths.

Rubella is characteristically a very mild disease. It reaches epidemic prevalence at longer intervals than Measles or Pertussis and, possibly for this reason, tends to affect a wider age group.

This year saw a very big reduction in notifications as against last year (2,085).

Rubella has only attained significance in recent years since an association was observed with congenital defects in babies whose mothers contracted it early in pregnancy.

Drs. Coffey and Jessop, in an article in The Irish Journal of Medical Science—January 1959—conclude from their study of Dublin mothers who developed, or were in contact with, Rubella while pregnant during the 1956 epidemic, that “the incidence of congenital deformities in women who contracted the disease was nearly 10 times the expected level, and in women who were exposed to infection, but did not develop Rubella, about 2.5 times”.

Gamma Globulin, particularly if prepared from convalescent serum, is considered of prophylactic value to susceptible female contacts in the first months of pregnancy.

Gamma Globulin (not from convalescent serum) was provided by the Health Authority for 230 expectant mothers, who were contacts of Rubella during early pregnancy, at a cost of approximately £970.

Pertussis

184 notifications of Pertussis were received during the year, an incidence of .3 per 1,000 population. 71 (44%) patients were treated in hospital. There where no deaths.

The notifications, were in the following age groups:

under 6 months	6 months to 1 year	years 1—2	years 3—4	years 5—9	years over 9
27	27	59	40	31	—

This year was much more satisfactory than last year when there were 688 notifications and 3 deaths. 83% of patients were of pre-school age and would have been infected in home or its environment. On the other hand, many school-goers would have been infected at school who in turn, secondarily infect siblings of pre-school age.

The notifications were received as follows :—

Jan. 7	Feb. 23	Mar. 12	April 6	May 14	June 17
July 22	Aug. 13	Sept. 9	Oct. 14	Nov. 23	Dec. 24

Incidence was fairly even throughout the year.

Pertussis is most lethal in early life and 64% of this year's cases were under one year (32% under 6 months). The likelihood of early infection is particularly high in this City where so many families have infant, toddler, and school going members. Moreover, many such families live in multiple dwellings and make contact in common hallways, landings, and stairways because of which, from an epidemiological viewpoint, they may all be said to occupy one field unit. Any procedure, therefore, which would even postpone pertussis for a few years would be of inestimable value.

Pertussis prophylaxis has not established itself on as secure a basis as that of Diphtheria because of doubt about degree and longevity of protection afforded. Nevertheless, combined diphtheria and pertussis antigens have been administered in Health Authority clinics, and by district medical officers and private practitioners, for a good many years with impressive results.

During 1962, 8,529 pre-school children, mainly infants, received this combined prophylactic through Health Authority arrangements. The number receiving it from private practitioners is not recorded but is believed to be considerable. In an effort to protect the youngest age group, combined prophylactics are given to infants aged four months at Health Authority clinics.

Unfortunately, there is no method by which protection can be quickly afforded an unimmunised infant contact. Passive immunisation with serum from human convalescent or animal has been tried with unconvincing results. Latterly, favourable reports from America have followed the use of human hyperimmune serum from recently vaccinated adults, or gamma globulin from such serum.

In the absence of a method of quickly affording specific protection, day-to-day supervision of infant contacts, and administration of a suitable antibiotic on the appearance of suggestive catarrhal signs, would seem the best way of combating infection acquired at a vulnerable age.

Measles

2,128 notifications were received during the year, an incidence of 4 per 1,000 population. 251 (11%) were treated in hospital.

There was 1 death.

The notifications, and death, were in the following age groups:

Under 6 months	6 months to 1 year	years 1—2	years 3—4	years 5—9	years over 9
28	135	566	646	684	69
(1 death)					

The child who died came from a good class private house.

This year was much more satisfactory than last when the record number of 5,486 notifications were received and 16 deaths occurred.

64% of patients were of pre-school age, and would have been infected in home or its environment. On the other hand many of the school-goers would have been infected at school and, in turn, secondarily infected their home siblings of pre-school age.

The notifications were received as follows :—

Jan. 60	Feb. 71	Mar. 108	April 95	May 96	June 134
July 173	Aug. 157	Sept. 39	Oct. 132	Nov. 354	Dec. 709

Incidence jumped sharply at the end of the year, 1,063 being received during November December. During this period there was an acute strain on fever hospital beds and on occasions a very serious situation presented itself when institutional accommodation could not be provided or had to be deferred.

Although mortality greatly diminished this year, the baneful effects of this disease cannot be estimated from mortality alone because, among those recovering, many are left with chronically damaged chests.

There is, as yet, no generally applicable method of actively immunising children against Measles. Attenuated live virus vaccines have recently been employed in various parts of the world, including England, with rather dubious results.

Temporary protection can be afforded by the use of Gamma Globulin. Although its effect is transitory, any procedure which would even postpone Measles for a few years would be of inestimable value and there is, therefore, a wide field for its use.

For this reason, the Health Authority provides Gamma Globulin free of charge, and during the year 140 children—43 in hospital. and 97 at home—were protected with it, at a cost of £1 per child

Scarlet Fever

254 notifications of Scarlet Fever were received during the year, an incidence of .5 per 1,000 population. 182 (71%) were treated in hospital. There were no deaths.

The notifications were in the following age groups :—

years	years	years	years	years
0—4	5—9	10—14	15—20	Over 20
121	95	29	6	3

Incidence was even throughout the year.

Whereas in 1937, 66 City deaths were certified to Scarlet Fever, no death has been ascribed to it since 1954. Scarlet Fever, therefore, as it affects Dublin City nowadays is no longer a killing disease, though, of course, this may not always be so.

71% of notified cases were hospitalised, as compared with 11% of measles and 38% of Pertussis—at present much more serious diseases (1 death from measles).

The streptococcus that causes Scarlet Fever in one person may cause a sore throat without a rash, or even skin or wound sepsis, in another.

The significant factor as far as such persons are concerned is the presence of the streptococci rather than the rash. Yet it is the rash that decides the issue in favour of hospitalisation.

This is but to continue—perhaps rather too slavishly—the tradition of earlier years when Scarlet Fever was a killing disease. Because of its present mildness, a problem for consideration is whether it needs the extent of hospitalisation it still receives in this City.

Infective Hepatitis

271 notifications of Infective Hepatitis were received during the year, an incidence of .7 per 1,000 population. 101 (37%) were treated in hospital. There was one death.

The notifications and death were in the following age groups :—

years	years	years	years
0—4	5—9	10—14	Over 14
46	119	46	60
			(1 death)

The patients, of whom 46% were of early school age, were, in the main, living in municipal housing areas.

The disease is caused by a virus, but this virus cannot as yet be recognised by laboratory techniques. It presents with varying degrees of severity from being asymptomatic (often in children), through vague ill-health without observable jaundice, to intense icterus with severe hepatitis.

Seventeen families, had two cases, six had three cases, and one had five cases.

From an epidemiological viewpoint, however, the first case of jaundice is not necessarily the first of hepatitis, and if virus investigation was possible more cases, especially among household contacts, would undoubtedly be unearthed.

The notifications were received as follows :—

Jan. 11	Feb. 28	Mar. 14	April 15	May 16	June 29
July 22	Aug. 31	Sept. 28	Oct. 23	Nov. 18	Dec. 36

In 1961 incidence was highest in the first 6 months, but this year it was more even throughout the year.

As a clinically similar condition may be caused by inadequately sterilised syringes, routine enquiry was made as to any injections received within the previous 4 months. In 36 there was such a history.

I was a tuberculous person on streptomycin. The period between injection and onset of symptoms in the remaining 35 was as follows :—

Under 1 month	1—2 months	2—3 months	3—4 months
9	7	7	12

Twenty-five were under 8 years, the remainder being adults.

During the year sterile 'single use' syringes came into use in our immunisation clinics, at an estimated annual cost of £2,000.

There is a big reduction in this year's incidence of infective hepatitis as compared with 1961 (364 cases) and 1960 (510 cases). The disease does not make particular demand on hospital accommodation nor is it immediately lethal. Its importance rests on the fact that if infection is severe or prolonged, cirrhosis of the liver may result in later years. Also, virus may be present in the blood stream before and after manifest illness, and blood taken from a donor in this state could cause hepatitis in a recipient though none of our cases gave a history of receiving or donating blood.

The disease has been statutorily notifiable in this Country since 1948 although, with present knowledge, little can be done to control its spread. It is statutorily notifiable in only certain areas in Britain though the "Medical Officer" of 22nd February, 1963, states that increasing incidence makes a good case to extend compulsory notification throughout that Country.

Gastro-Enteritis

1,136 notifications of gastro-enteritis (in children under 2 years) were received during the year, an incidence of 2 per 1,000 population. 755 (66%) were treated in hospital. There were 22 deaths—19 in hospital, and 1 found dead on arrival at hospital, and 3 occurred at home.

The notifications, and deaths, occurred in the following age groups :—

Under 1 month	1—3 months	4—6 months	7—12 months	13—24 months
40	277	232	307	280
(7 deaths)	(6 deaths)	(6 deaths)	(3 deaths)	

Incidence and mortality was much the same as last year.

6 of the children who died came from good type private houses, 11 from modern Corporation houses, 1 from a modern Corporation flat, and 4 from bad tenement houses.

It will be seen from Table No. 1 that of the principal epidemic diseases, the condition coming under the designation of Diarrhoea and Enteritis (Gastro-Enteritis), is responsible for the majority of deaths.

Since the beginning of this century, Gastro-Enteritis has been the chief cause of infantile mortality in this City. In 1900-04, it was 28; in 1910-14, 38; in 1940-44, 38; in 1947, 21; in 1959, 2, in 1960, 0.9; in 1961, 2; and in 1962, 1.8; per 1,000 births.

The notifications were received as follows :—

Jan.	Feb.	Mar.	April	May	June
129	78	64	62	79	76
July	Aug.	Sept.	Oct.	Nov.	Dec.
89	100	100	127	105	127

Earlier in this century an increasing incidence of Gastro-Enteritis was associated with hot weather. Nowadays this association is not so noticeable, and indeed this year it was in the winter months that incidence was highest.

There was no particular worry during the year from that explosive and lethal type—possibly Viral in origin—which affects infants in maternity homes.

In considering the statistics of Gastro-Enteritis it is well to bear in mind that diagnosis of this condition is not based on precise standards. Thus while controlled virological study of infants admitted to Belvedere Hospital, Glasgow, in 1958-59; indicated an association with E.C.H.O. virus and juvenile gastro-enteritis, it is usually diagnosed symptomatically because of diarrhoea and vomiting-symptoms common to many ailments of children. Any study of Gastro-Enteritis, therefore, should take into consideration that fashions in nomenclature tend to vary, and criteria for notification and certification to change. Particularly, is this so nowadays because of the varying emphasis attached by paediatricians to the presence of pathogenic type coliform organisms.

Although there is no specific protective agent against diarrhoea in infants, the level of illness and death from this condition is a direct indication of the state of public hygiene and household sanitation and care. It is to be expected that improvements in living conditions generally would be associated with decrease in its incidence.

VACCINATION AND IMMUNISATION

KENNETH J. LYNCH, M.B.

Smallpox

Following an outbreak of Smallpox in Bradford, Yorkshire, in late December 1961, which was attended by a good deal of publicity both on radio and television, there was a sudden demand for vaccination. This demand was so great that extra telephones had to be installed to cope with the enquiries. This exceptional demand reached its peak in April and did not ease until mid-June. At the height of this demand up to 3,000 people were vaccinated per session.

About the end of January all supplies of Irish vaccine were used, and we obtained vaccine from Canada, Britain, Germany and Italy. The bulk of the vaccine used was Italian freeze-dried and it was found to be highly satisfactory.

The total number of primary vaccinations carried out was 18,902, of which 15,259 (80.7%) were checked. In this group there were 643 'no takes' at the first attempt—a rate of 4.2%.

The number of people who had been previously successfully vaccinated and who presented themselves for revaccination was 8,273. Of these 6705 (81%) were checked and there were 948 'no takes'—14.2%. Our overall 'no take' rate at the first attempt was 7.2%. Unfortunately, we were unable to get accurate figures for the 'no take' rate at the second attempt as the majority of those vaccinated a second time did not return for checking. However, of 326 people who were vaccinated a second time, 223 "took" and 103 either did not "take" or did not return for checking. Therefore, in this group, 31.8% remained negative after the second attempt. If this figure is applied to our overall figure of 1,591 we get an estimated 'no take' rate of 2.3%, a very reasonable figure.

Poliomyelitis

The incidence of Polio in 1962 was low and accordingly the demand for vaccination fell. Intensive advertising, even through the new medium of television failed to convince parents of the necessity of protecting their children.

Only 7,770 people completed their course of vaccination, while 956 availed of fourth or 'booster' dose.

During the year 2,253 commenced their vaccination course.

Diphtheria, Whooping Cough and Tetanus

Primary immunisation with triple antigen was maintained at a steady level throughout the year and 7,091 infants were fully immunised in 1962 (7,280 in 1961).

During 1962, the unusual demand for Smallpox vaccination affected the number of Diphtheria immunisations and, accordingly, our totals were down on those of 1961.

The following table shows the numbers of children immunised against Diphtheria over the last seven years both by District Medical Officers and by our Clinic Doctors.

Year	Pre-School	Percentage Pre-School Vaccinated by D.M.O's	School Age	Boosters
1956	10,981	—	10,486	9,800
1957	6,969	23	5,342	9,791
1958	9,369	20	2,377	5,092
1959	8,533	22	2,213	7,097
1960	9,143	20	1,340	9,030
1961	8,989	19	1,756	6,791
1962	8,529	16	1,459	6,490

In addition to the above, it is estimated that some 2,000 children are immunised annually by private doctors.

Schools Programme

Seventy-three national schools in the City were visited during the year. In all 163 visits were made. 5,414 booster injections were given, while 2,339 children commenced a full course of primary immunisation for which two injections were given in the schools. Of these latter children only 657 had completed their course.

CHILD WELFARE SERVICE

C. O'BRIEN, M.B., D.P.H., B.SC. (P.H.)

"The lower Infantile and (Maternal) Mortality Rate shows that the years of endeavour have at last borne fruit. The social and educational approach is still of primary importance in the saving of infant life. The difficulties likely to be encountered in making this approach today, are probably greater than they have ever been, since the problem is to make contact with a group of women who fail to make full use of the available services."

Banks.

The population of Dublin County Borough, April, 1961, as set out in the Census Report, was 535,448.

The rehousing of families, living in tenements and in unfit dwellings, has continued during the year 1962, with the building of more houses in Finglas, Coolock, Raheny, Kilmore and Bonnybrook. Flats erected on cleared sites in the City, are fulfilling a housing need for another section of the community. Churches, Schools, open spaces, playing fields and a civic centre are included in the plans of the new housing estates. These will bring together families, who have recently come to live there, and who may perhaps, be experiencing a sense of loneliness and bewilderment in surroundings quite different to those in which they had been brought up. This new environment, calculated to provide a healthier and better way of life, may seem lacking in the warmth and companionship of a more closely-knit pattern of living. Housing Welfare Officers, specially trained and selected are now employed. Like the Health Visitor, their work is invaluable. Routine Home Visiting of families in the outlying areas is feasible only at relatively longer intervals between visits, but improvement in the health of a new generation, growing up under vastly improved conditions, must result from the housing drive, which is still in operation.

When the Maternity and Child Welfare Service was established in Dublin, thirty years ago, the pioneering efforts of Doctors and Health Visitors were directed towards developing and fostering hygienic methods in the home, and the gradual abolition of old detrimental customs. Babies were swathed in binders, and children were tightly wrapped up or even stitched, into several layers of clothing lest they catch a chill. These practices have gradually disappeared, but the mothers of today are subjected to a bombardment of advertising, calculated to influence their outlook as completely as did the old-fashioned traditions of a former era. Indeed, there is a very real danger that in the reaction from old ways and ideas, we may err in the opposite direction, by failing sometimes to realise the need for conserving body heat in young children, more especially in the case of very small babies. Hands and feet left uncovered, clothing of cotton or synthetic materials instead of wool, these are seen nowadays. Attractive

blankets replace the wool carrying-shawls of heretofore, but, they are not always made entirely of wool, and are less comforting for a baby, especially during the colder period of the year. Excessive use of detergents and inadequate rinsing of the babies' clothing may be the cause of skin irritations attributed erroneously to wool.

Breast feeding has been almost entirely replaced by artificial feeding. It is essential, therefore, that a correct method of bottle feeding be adopted, and more especially that sufficient time be devoted to it. Giving a "bottle" to the baby left lying in its pram may only happen occasionally, but if this practice becomes general, it can be as harmful as any old wives tale. There is today, more than ever, the need to stress the importance of simple essentials—correct feeding and infant care—overlooked perhaps in an age of enlightenment and progress. The grandmothers and aunts of a previous generation, wise, experienced and living close at hand who may now be going out to work from their flat or bedsitter are no longer so readily available to advise and help the young mother.

The problem of slums and dirt and flies has been tackled. The incidence of Tuberculosis and infectious diseases has fallen; babies and children are protected against Diphtheria and Whooping Cough by immunisation—all these have contributed to the lowering of the Infantile Mortality Rate especially during the past two decades. The persistence of Anaemia, poorly formed teeth and rachitic manifestations in Dublin City children is, however, calculated to dispel complacency. Accidents in the home resulting in deaths of infants and children, and respiratory infections, have contributed to the number of deaths of children during the year, 1962. The rapid onset and course of fatal illness, in some cases, is perplexing, whether the cause be a virus infection of the respiratory or gastro-intestinal tract with involvement of the heart and brain.

The survival rate of premature infants is better than heretofore. The possibility of physical or mental handicap, associated with prematurity must be considered, and in the case of grossly disabled children, provision made for the Special Care of these children and if necessary, their admission to suitable Homes. The education, training and care of handicapped children are an integral part of a modern Child Care Service. Due regard must be given to all aspects of this problem and in this, the Mother's health is of paramount importance. Rest, mental and physical, sleep, and the maintenance of an adequate nutritional standard, are the essential factors especially during the early months of pregnancy.

Routine Phenylketoneuria testing has been continued by the Health Visitors as well as the carrying out of simple tests for detecting Hearing Loss in babies. The Moro testing of those who have not had Neo-Natal B.C.G. has also been continued.

Maternity Services are available through general practitioners and midwives, as well as the Maternity Hospitals and St. Kevin's, for expectant and nursing mothers.

Ante-natal and Dental clinic sessions in Health Centres in the outlying areas, Free Milk depots, and Dinner Centres, all these are available for mothers to utilise fully. Despite advice and encouragement, there would appear to be sometimes a reluctance to seek out these services, or a failure to continue to use them. It may be that Mothers are not entirely convinced of the necessity for them, or there may be a real problem in setting aside the time required. The advantages to health may seem remote, vague and intangible, compared with the pressing demands of daily life, in which values and priorities may vary according to the state of Hire Purchase payments and the need to go out to work.

Health Visiting has been continued during the year and the standard of work done by the Nurses has been of the high quality, which one has come to expect in Dublin. Health visitors have assisted too in the Mental Deficiency Survey—a follow-up of known or suspect cases of Mental Handicap. They have also helped in the Enquiry into Deafness (familial incidence) and in the Albinism Survey. Their day-to-day visiting in the homes of Dublin families is an essential feature of the Service. They are known and trusted by the mothers and this tradition has been maintained during the past year.

Health Visitors volunteered for duty at the Vaccination sessions held in the Carnegie Building during the early months of 1962 and we thank them very specially for the ready unobtrusive way in which they attended for work, at the earliest vaccination session held here.

The Nursery Schools, Creches and Playgrounds in Dublin continue to benefit enormously the health, mental and physical, of children. Visiting carried out in the homes of families by Nursing Sisters and by Jubilee Nurses is a very real help to families.

Special thanks are offered to the Masters and Staff of the three Maternity Hospitals, as well as to the Director and Staff of the Paediatric Departments of these Hospitals. The Paediatric Units of the Maternity Hospitals are the greatest single factor in the saving of Child life in Dublin today. We have again to acknowledge the generous and loyal help in our work given to us by the Staffs of all the Hospitals and Convalescent Homes. We offer our sincere thanks, too, to the Medical Director and Staff of the Maternity Unit in St. Kevin's Hospital, and to the General Practitioners and Midwives for the excellent work that has continued to be done for mothers and infants during the year 1962. The Voluntary Organisations have always helped us, and we are most grateful to them.

We acknowledge with thanks the assistance which we have again received from the Medical, Dental, Health Visiting and Clerical Staffs of the Dublin Health Authority. We are deeply grateful

to the group of doctors who staffed Child Welfare Clinics in a part-time capacity and who made a large contribution to the Child Health Service, especially in the extension of the Child Welfare Clinics to the outlying areas of the City. These doctors have now been replaced by whole-time staff, who are engaged in School Health work in the mornings and who attend at the Child Health Clinics in the afternoons. The valuable contribution made by the part-time doctors is deeply appreciated and their unfailing courtesy and helpfulness to parents and to their Medical and Nursing colleagues has always been a feature of the Service, and we extend to them our warmest thanks.

PRE-NATAL CARE AT CITY MATERNITY HOSPITALS :

Hospital	No. of Patients	No. of Attendances
Coombe Lying-in	2,135	15,756
National Maternity, Holles Street	2,410	15,069
Rotunda	5,270	45,881
Maternity Unit, St. Kevin's Hospital	1,730	11,576

BIRTHS—CITY MATERNITY HOSPITALS : (including St. Kevin's Hospital Maternity Unit.)

No. of deliveries—Intern	15,508
No. of deliveries—Extern	1,472
No. of Maternal Deaths—Intern	19
No. of Maternal Deaths—Extern	Nil
Maternal Death Rate per 1,000—Intern	1.02
Maternal Death Rate per 1,000—Extern	Nil
No. of Infant Deaths—Intern	345
No. of Infant Deaths—Extern	12 plus 13 S.B.

VISITING OF INFANTS

No. of Infants visited by Public Health Nurses	11,797
No. of visits re Stillbirths	134

HOME VISITING BY PUBLIC HEALTH NURSES

Total No. of mothers, infants and children under 6 years of age on Public Health Nurses' Registers (including Howth & Baldoyle), on 31st December, 1962	95,717
Average No. of Families, etc. on each Public Health Nurses' Register on 31st December, 1962, excluding families in Districts of Baldoyle and Howth :	
Families	669

Infants	....	....	....	....	....	210
Children	....	....	....	....	....	1,011
Total No. of Visits to Mothers, Infants and Children	....	....	....	....	....	347,874
No. of Special Visits :						
Defaulters	....	....	....	....	....	12,655
Contacts	....	....	....	....	....
Sequelae A.P.M.	....	....	....	....	....
Other Infectious Diseases	....	....	....	....	....
Surveys, etc. etc.	....	....	....	....	....
Special Follow-up	....	....	....	....	....

CHILD WELFARE CLINICS

1,559 Clinic Sessions were held during the year at which the total number of attendances was:

Mothers	....	....	....	....	....	36,430
Infants	....	....	....	....	....	26,410
Children	....	....	....	....	....	19,480

The number of Medical Consultations at these Clinics was :

Mothers	....	....	....	....	....	33,508
Infants	....	....	....	....	....	23,767
Children	....	....	....	....	....	17,120

SPECIALISTS' CLINICS

Ear, Nose and Throat Clinics

No. of Sessions	....	....	....	....	....	196
No. of Attendances by Pre-School Children						1,557

Orthopaedic Clinics

No. of Sessions	....	....	....	....	....	48*
No. of Attendances by Pre-School Children						32

*See also Report re Post A.P.M. and re School Age Children.

ULTRA VIOLET LIGHT CLINICS :

72 Sessions for the treatment of children suffering from Rickets, etc., Debility, etc., were held during the year—47 Sessions at Carnegie Centre, 25 Sessions at St. Joseph's, Killarney Street.

The number of attendances was :

Carnegie Centre	....	....	....	....	....	526
St. Joseph's, Killarney Street	....	....	....	....	....	161

SPECIAL TESTS :

No. of Moro. Tests	....	....	....	....	....	6,286
No. of Tests for Phenylketonuria	....	....	....	....	....	9,864
No. of Tests for Defective Hearing	....	....	....	....	....	9,927

B.C.G. VACCINATION :

813 children from 0—6 years referred from Child Welfare Department received B.C.G. Vaccination.

Neo-Natal :

The Coombe Lying-In Hospital and Rotunda Hospital as well as St. Kevin's Hospital utilised the Dublin Health Authority B.C.G. Service during the past year. The National Maternity Hospital, Holles Street, avails of the National B.C.G. Service.

ATTENDANCES :

Orthopaedic Hospital (Out-Patients' Department)

Physiotherapy ....	....	....	....	184 (13 children)
Manipulation ....	....	....	....	217 (14 children)
X-ray Examination ....	....	....	....	45 (26 children)
Cerebral Palsy Clinic ....	....	....	....	474 (7 children)

CEREBRAL PALSY :

No children were treated as Intern cases, and seven were treated as Extern cases.

TREATMENT OF SEQUELAE OF ANTERIOR POLIOMYELITIS (ALL AGES)

ORTHOPAEDIC CLINIC, LORD EDWARD STREET, CENTRAL REMEDIAL CLINIC, AND CITY HOSPITALS

Total number of Sessions, Lord Edward Street	48
Total number of attendances at Orthopaedic Clinic, Carnegie Centre, Lord Edward Street	604
Total number of visits at home by Nurses from this Department	1,416

Central Remedial Clinic :

Total number of patients treated at Central Remedial Clinic—A.P.M. Sequelae	43
Other Conditions	12

Hospitals :

Total number of patients treated at Hospitals' Out-Patients' Departments	46
Total number of patients treated in Hospital (Intern)	70
Total number of orthopaedic appliances supplied, renewed and repaired	787

PHYSIOTHERAPY :

Total number of treatments	5,095
(4,479 at C.R.C., 616 at Hospitals O.P.D.)	

APPLIANCES FOR CHILDREN

No. of Orthopaedic Appliances, supplied, renewed and repaired	120
No. of Spectacles supplied to Children under 6 years of age who attend Child Welfare Clinic	363
No. of repairs to Spectacles	572
No. of Occluders supplied	24
No. of Artificial Eyes Supplied	—

FREE MILK SCHEME :

No. of pints of milk supplied to children under 5 years of age	....	....	....	....	....	1,294,310
No. of pints of milk supplied to Expectant Mothers	....	....	....	....	....	129,181
No. of Expectant Mothers who received Milk	....	....	....	....	....	1,481
Quantity of Dried Milk distributed	....	....	....	....	....	2,414 lbs.

CATHOLIC SOCIAL SERVICE CONFERENCE :

No. of meals supplied to Expectant and Nursing Mothers	....	....	....	....	....	109,000
No. of pints of milk supplied to Expectant and Nursing Mothers	....	....	....	....	....	101,351
No. of mothers in receipt of these meals	....	....	....	....	....	5,525

DEFECTS TREATED, CHILDREN AGE GROUP 0—5 YEARS, 1962

DEBILITY :

<i>Admitted to Convalescent Homes</i>	40
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EYE :

Admitted to Hospitals :

Defective Vision including Squint	51
Other conditions	3

Extern Department :

Defective Vision including Squint	....	....	....	....	....	167
Blepharitis	....	....	....	....	....	4
Conjunctivitis	....	....	....	....	....	7
Blocked Tear Duct	....	....	....	....	....	4
Cyst	....	....	....	....	....	4

EAR, NOSE AND THROAT :

Admitted to Hospitals :

Deafness	....	....	....	....	....	1
Otitis Media	....	....	....	....	....	3
Epistaxis	....	....	....	....	....	1
Cleft Palate	....	....	....	....	....	1
Tonsils and Adenoids	....	....	....	....	....	334
Other Conditions	....	....	....	....	....	7

Extern Department :

Otitis Media	....	....	....	....	....	8
Tongue Tie	....	....	....	....	....	1
Other Defects	....	....	....	....	....	47

ORTHOPAEDIC :

Admitted to Hospitals :

Club Feet	....	....	....	....	....	16
Pes Planus	....	....	....	....	....	4
Congenital Dislocation of Hip				....	....	14
Perthes Disease		....	....	....	....	4
Torticollis	....	....	....	....	....	4
Scoliosis	.....	....	....	....	....	1
Other Defects	....	....	....	....	....	4

Extern Department :

Club Feet	....	....	....	....	....	9
Pes Planus	....	....		....	....	17
Paralytic Conditions	....		....	....	....	1
Torticollis	....	....	....	....	....	1
Other Defects	....	....	....	....	....	6

HOSPITAL TREATMENT OF CHILDREN SUFFERING FROM VARIOUS DISEASES, who received treatment in City Hospitals during year ended December, 1962 :

Admitted to Hospitals :

Cardiac Disease (including congenital)	....					5
Respiratory Tract Affections		....	....			17
Anaemia and Debility		....	....	....		22
Rheumatism	....	....	....	....	....	3
Coeliac Syndrome	....	....	....	....	....	12
Steatorrhoea	....	....	....	....	....	7
Gastro Enteritis		....	....	....	....	1
Meningitis	....	....	....	....	....	1
Hernia	....	....	....	....	....	33
Rectal Prolapse		....	....	....	....	1
Rectal Polypus		....	....	....	....	1
Genito Urinary Disorders including Eneuresis						10
Phimosis	....	....	....	....	....	17
Skin Affections		....	....	....	....	15
Dental	....	....	....	....	....	3
Other Defects		....	....	....	....	14
Investigation		....	....	....	....	27

Extern Departments Hospitals :

Cardiac	....	....	....	....	....	16
Asthma and Bronchitis		....	....	....		6
Anaemia and Debility		....	....	....		8
Coeliac Syndrome	....	....	....	....		1
Skin Affections	....	....	....	....		86
Other Conditions	....	....	....	....		4
Investigations	....	....	....	....		55

ROTUNDA HOSPITAL

PAEDIATRIC SERVICE

DR. P. C. D. MACCLANCY AND DR. E. E. DOYLE

Intern Deliveries

Total Live Births	....	....	....	....	....	4,612
Total dead-born infants	....	....	....	....	....	146
Infants dying in Nursery and Labour Ward (including previables)	....	....	....	....	....	97
Dead-born (stillbirth) rate	....	....	....	....	....	3·16%
Infant death rate (against total live births)	....	....	....	....	....	2·11%
Corrected infant death rate amongst live births :						
Live births viable (over 2 $\frac{3}{4}$ lbs.)	....	....	....	....	....	4,591
Infant deaths in this group	....	....	....	....	....	80
Death rate	....	....	....	....	....	1·74%
Premature birth (viable) :						
(4·66% of live births)	....	....	....	....	....	215
Number of deaths	....	....	....	....	....	26
Mortality Rate	....	....	....	....	....	12·09%
Previable Prematures :						
Number of Cases	....	....	....	....	....	21
Number of Deaths	....	....	....	....	....	17
Mortality Rate	....	....	....	....	....	80·95%
Total Premature Death Rate (including previable infants) :						
Number of Cases	....	....	....	....	....	236
Number of Deaths	....	....	....	....	....	43
Mortality Rate	....	....	....	....	....	18·22%

INTERN PAEDIATRIC DEPARTMENT

GROUP	Admissions	Deaths	Mortality Rate per cent
Mature Infants	619	33	5.32
Premature Infants	215	26	12.09
Previaible Premature Infants	21	17	80.95
TOTAL	855	76	8.88

There were 21 Deaths in the Labour Ward : 10 Mature, 3 Premature and 8 Previaible Premature Infants.

SUMMARY

DIAGNOSIS	Number of Cases	Number of Deaths
Anoxia	12	—
Atelectasis and Prematurity	15	9
Atelectasis	18	—
Asphyxia Neonatorum	27	2
Asphyxia	11	1
Abdominal Test	1	—
Birth Shock	6	—
Bronchopneumonia	7	3
Cerebral Syndrome	12	1
Congenital Morbis Cordis	2	—
Coombs Negative	25	—
Coombs Positive	3	—
Cyanosis	14	—
Convulsions	1	—
Congenital dislocation of hip	1	—
Congenital Heart Disease	3	3
Cervical Spine Abnormality	1	—
Cephalhaematoma	1	—
Deformity of Ears	1	—
Distended Abdomen	1	—
Epidermolysis Bullosa	1	1
Facial Paralysis	5	—
Facial Paresis	1	—
Generalised Oedema	1	—
Haemolytic Disease	40	1
Hyaline Membrane Disease	13	12
Hydrocele and Undescended Testes	1	—
Hypospadias	2	—
Hypoplasia of Adrenal Glands	1	1
Hydrocephalus and Spina Bifida	1	—
Interstitial Emphysema	1	1
Intra-cranial Haemorrhage	1	1
Mongolism	1	1
Multiple Congenital Defects	3	3
Observation	366	—
Observation following Vacuum Extraction	21	—
Osteomyelitis	1	—
Previaible Prematurity	21	17
Prematurity	200	17
Pneumonia	2	1
Polycystic Kidneys	1	1
Rectal Atresia with Recto Urethral Fistula	1	—
Stridor	1	—
Submandibular Abscess	1	—
Submental Abscess	1	—
Torsion Testes	1	—
Umbilical Cord Haemorrhage	3	—
Vomiting	1	—
TOTAL	855	76

EXTERN PAEDIATRIC DEPARTMENT

GROUP	Admissions	Deaths	Mortality Rate per cent
Mature Infants	628	65	10·35
Premature Infants	32	11	34·37
Previaible Premature Infants	2	2	100·00
TOTAL	662	78	11·78

SUMMARY

DIAGNOSIS	Number of Cases	Number of Deaths
Acute Bronchopneumonia	72	18
Acute Bronchopneumonia and Pyelonephritis	2	2
Acute Bronchopneumonia and Meningitis	1	1
Acute Bronchopneumonia; Haemolytic Disease; Exchange Tranfusion	4	4
Acute Bronchopneumonia and Prematurity	1	1
Acute Haemorrhagic Bronchopneumonia	2	—
Acute Conjunctivitis	2	—
Acute Pyelonephritis	13	3
Allergic Rash	1	—
Atelectasis	7	—
B.C.G. Vaccinations	6	—
Breast Abscess	2	—
Bronchitis	2	—
Cerebral Syndrome	9	—
Congenital Heart Disease	15	8
Congenital Hydronephrosis	1	—
Cold Syndrome	10	—
Circumcision	94	—
Cerebral Haemorrhage	1	1
Congenital Rickets	1	—
Cellulitis	4	—
Convulsions	2	—
Dyspepsia	2	—
Downs Syndrome	2	—
Duodenal Obstruction	1	1
Dacryocystitis	1	—
Enteritis	4	1
Epidermolysis Bullosa	1	1
Facial Paresis	1	—
Feeding Problems	8	—
Enlarged Thymus	1	—
General Mismanagement	2	—
Haemolytic Disease	8	1
Haemolytic Disease; Exchange Transfusion	60	9
Hirschsprungs Disease	2	—

Hyaline Membrane Disease	....	....	2	—
Hydrocephalus	....	....	8	4
Hydrocele	....	....	4	—
Hepatic Haemangioma	....	....	3	—
Intestinal Obstruction	....	....	1	—
Impetigo	....	....	2	—
Imperforate Anus	....	....	2	—
Jaundice	.....	....	2	—
Marasmus	....	....	3	1
Meningocele	....	....	2	2
Meningo-Myelocele	....	....	2	1
Meningitis	....	....	1	1
Neo-natal Tetany	....	....	1	—
Neo-natal Infection	....	....	10	—
Observation	....	....	68	—
Otitis	....	....	1	—
Osteomyelitis	....	....	3	—
Prematurity	....	....	32	11
Previabie Prematurity	....	....	2	2
Pyloric Stenosis	....	....	7	—
Pemphigus Neonatorum	....	....	4	—
Peritonitis	....	....	2	2
Pyelonephritis	....	....	13	3
Repair Umbilical Hernia	....	....	23	—
Repair Inguinal Hernia	....	....	12	—
Repair Cleft Lip	....	....	23	—
Repair Cleft Lip and Palate	....	....	7	—
Repair Oesophageal Atresia	....	....	3	—
Stenosis	....	....	1	—
Submental Abscesses and others	....	....	19	—
Staphylococcal Infection	....	....	4	—
Sub-dural taps	....	....	5	—
Spina Bifida	....	....	6	—
Simple Transfusions	....	....	19	—
Shock	....	....	1	—
Skin Infection	....	....	1	—
Tachycardia	....	....	1	—
Tongue Tie	....	....	2	—
Vomiting	....	....	15	—
TOTAL			662	78

There are 211 Operation Cases included in these figures.

EXTERN PAEDIATRIC DEPARTMENT

(Extern Admissions of Infants who were not born on the Rotunda Service)

GROUP	Admissions	Deaths	Mortality Rate per cent
Mature Infants	69	11	16·08
Premature Infants	12	1	8·33
Previabie Premature Infants	2	1	50·00
Total	83	13	15·66

SUMMARY

DIAGNOSIS	Number of Cases	Number of Deaths
Atelectasis	2	—
Breast Abscess	1	—
Bronchopneumonia	8	3
Cerebral Syndrome	2	—
Congenital Heart Disease	3	1
Convulsions	1	—
Congenital Hydronephrosis	1	1
Duodenal Obstruction	1	1
Epidermolysis Bullosa	1	1
Facial Paralysis	1	—
Fractured Humerus	1	—
Haemolytic Disease with Exchange Tranfusion	6	1
Haemangioma of Liver	1	—
Haematemesis	1	—
Hyaline Membrane Disease	1	1
Jaundice	2	—
? Melaema Neonatorum	1	—
Meningocele	1	—
Neo-Natal Infection	3	—
Neo-Natal Tetany	1	—
Observation	1	—
Prematurity	12	1
Previa Prematurity	2	1
Pemphigus Neonatorum	1	—
Pyloric Stenosis	2	—
Pyelitis	1	—
Pyelonephritis	1	1
Repair of Cleft Lip	13	—
Repair of Cleft Lip and Palate	6	—
Spina Bifida and Hydrocephalus	2	1
Shock and Oedema	1	—
Umbilical Infection	1	—
Vomiting	1	—
TOTAL	83	13

PAEDIATRIC O.P.D.

Total Attendances	13,417
Initial Attendances	3,441
District Visits	3,012

Coombe Hospital

PAEDIATRIC DEPARTMENT

Total Number of Live Births ....	....	....	....	2,975
Total Number of Hospital Births ....	....	....	....	2,689
Total Number of District Births ....	....	....	....	286
Total Number of Clinic Attendance ....	....	....	....	5,274
Total Number at Ballyfermot Clinic ....	....	....	....	563
Total Number of Nurses District Visits ....	....	....	....	6,596
Total Number of Babies seen daily on Wards ....	....	....	....	12,663
Total Number of Admissions to Unit ....	....	....	....	473
Total Number of Re-admissions to Unit ....	....	....	....	27
Total Number of Discharges from Unit ....	....	....	....	388
Total Number of Deaths in Unit ....	....	....	....	56
Total Number of Deaths in House ....	....	....	....	12
Total Number of Deaths under 28 days ....	....	....	....	68
Neo natal death rate per 100 live babies ....	....	....	....	2·20%
Neo natal death rate per 1,000 live babies ....	....	....	....	22·0%
Total Number of Premature Babies ....	....	....	....	229
Total Number of Premature Babies admitted to Paediatric Unit who died ....	....	....	....	28
Total Number of Premature Babies admitted to Paediatric Unit who survived ....	....	....	....	82
Premature incidence ....	....	....	....	7·6%
Premature Mortality ....	....	....	....	12·0%

Principal Cause of Death

(Some infants had more than one)

Respiratory Disorders	....	....	....	....	....	....	10
Prematurity	....	....	....	....	....	....	38
Congenital Deformities	....	....	....	....	....	....	20
I.C.H.	....	....	....	....	....	....	10
Infections	....	....	....	....	....	....	5
Haemolytic	....	....	....	....	....	....	6

Age of Death

Under one day	....	....	....	....	....	....	24
1 to 2 days	....	....	....	....	....	....	28
3 to 7 days	....	....	....	....	....	....	9
8 to 14 days	....	....	....	....	....	....	6
15 to 21 days	....	....	....	....	....	....	0
22 to 28 days	....	....	....	....	....	....	1
TOTAL							68

	Premature infants admitted to Unit. Survived	Premature infants admitted to Unit. Died
1 lb. 8 ozs. to 1 lb. 15 ozs.	0	0
2 lb. 0 ozs. to 2 lb. 7 ozs.	0	1
2 lb. 8 ozs. to 2 lb. 15 ozs.	4	5
3 lb. 0 ozs. to 3 lb. 7 ozs.	7	7
3 lb. 8 ozs. to 3 lb. 15 ozs.	8	3
4 lb. 0 ozs. to 4 lb. 7 ozs.	19	4
4 lb. 8 ozs. to 4 lb. 15 ozs.	30	4
5 lb. 0 ozs. to 5 lb. 7 ozs.	51	4
Total	119	28
Number of Males	62	Number of Males 20
Number of Females	57	Number of Females 8

Congenital Deformities

Neo natal deaths congenital deformities	....	....	....	21
Premature infants	....	....	....	10
Full term infants	11

Phenylketonuria

Number of babies tested (all negative)	2,714
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Haemolytic Disease

Total cases of Haemolytic Disease	36
Premature infants	9
Full term	....	....	....	27
Total number of exchange transfusions	....	....	....	56
Deaths	....	....	....	6
Mortality	....	....	....	16.6%
Hydrops foetalis	....	....	....	2

Disorders discovered and treated in the Paediatric Unit, Clinic and Wards

Asphyxia	....	....	....	....	....	....	....	31
Congenital Deformities	....	....	....	....	....	....	....	53
Congenital Heart	....	....	....	....	....	....	....	22
Cleft Lip and Palate	....	....	....	....	....	....	....	6
Premature Infants	....	....	....	....	....	....	....	201
Haemolytic Disease	....	....	....	....	....	....	....	30
Pneumonia	....	....	....	....	....	....	....	34
Haemorrhagic Disease	....	....	....	....	....	....	....	10
Dietic Disorders	....	....	....	....	....	....	....	52
N.A.D. for observation	....	....	....	....	....	....	....	72
Twitching	....	....	....	....	....	....	....	14
I.C.H.	....	....	....	....	....	....	....	2
Weight loss	....	....	....	....	....	....	....	45
U.R.T.I.	....	....	....	....	....	....	....	511
Thrush	....	....	....	....	....	....	....	395
Stomatitis	....	....	....	....	....	....	....	27
Abscess	....	....	....	....	....	....	....	21
Mastitis	....	....	....	....	....	....	....	46
Hyaline Membrane Disease	....	....	....	....	....	....	....	4
Cyanosis	....	....	....	....	....	....	....	17
Skin Infection	....	....	....	....	....	....	....	114
Opthalmia	....	....	....	....	....	....	....	242
Otitis Media	....	....	....	....	....	....	....	3

SCHOOL HEALTH SERVICE

C. O'BRIEN, M.B., D.P.H., B.SC., (P.H.)

“Medicine is pleomorphic. It is a Science—it is an art—it is also a mystique and has about it some of the traditions of the ancient mysteries. In every one of these manifestations it is the servant of the Community. It is at present the great healer of the ills of individual man and women; it will become in greater measure the preventer of these ills. In the exercise of its broad humanitarianism it can do for peoples what it does for persons. It can become one of the great healers of the troubles and perturbations of our time—a social force with an ever-widening context.”

(Sir John Charles. K.C.B., M.D., F.R.C.P., D.P.H.)

The programme for the provision of better housing and better schools for the City has been maintained during the year, 1962, and children's health must benefit by the improvement in the environmental conditions in which they are growing up. Open spaces, playing fields, swimming baths and drill—these are some of the requirements of growing boys and girls, especially the teaching of swimming and the provision of hygienic facilities for the practice of swimming. Children in the new housing estates give the impression of being taller and stronger built than children living in the “old” City. This impression of betterment of physique in School Children is not, however, borne out by the findings in our work during the past year. The tables showing the average heights and weights for age and sex of children examined during the course of routine School Medical Inspection for the year 1962 do not show a marked difference between figures for the year 1952.

Recognition of the special needs of handicapped children, physically or mentally, continues to be the most outstanding feature of Health and Education schemes, and the admission of these children to special schools, day and residential, has been of inestimable benefit to these children, as well as an encouragement to their parents. The special classes for Slow Learners, in City schools and the special provision for children with Hearing Loss in certain schools, is one of the clearest sign-posts to progress today. The outlook for the Handicapped children is so much brighter than it was thirty years ago, that now parents can feel more hopeful concerning the less gifted children in their families. The public attitude and approach to the question of handicap in mind and body has changed for the better and the trend is for parents to seek advice and to avail themselves of the special educational and training facilities offered. Early recognition of handicap by Doctors, Nurses and all those working with babies and young children, has led to greater understanding of a condition, which is a source of grief and mental distress to parents. In this connection the work of voluntary organisations on behalf of the

handicapped child (physical and mental) is of paramount importance, and we would like to place on record our deep appreciation of their efforts. While it is misleading and cruel to give false hopes to parents concerning gravely handicapped children, parents must be supported and helped in every way. The happiness and contentment of handicapped children depends on suitable education and training and occupation, to enable them to utilise to their maximum their capabilities of mind and of body. The success of the Congress on Mental Handicap arranged by the Hospitaller Order of St. John of God in Obelisk Park, early in May, showed the great interest being taken in the problem of Mental Handicap.

The report of the Survey into the incidence of Dental Caries—Medical Research Council—makes disappointing reading, in view of the fact that Dental Services have been available for more than thirty years. Reference has already been made to the increased consumption of sugar and sugar products since the War, and in particular the vogue for quickly prepared and easily masticated carbohydrates. One gains the impression, however, that the state of children's teeth is less bad than it was heretofore, despite the fact that Dental Hygiene and Dental Care in the homes is not carried out as a routine practice. Conservative treatment has been provided for many years, and parents have been urged to take their children to the Dentists at regular intervals and not to wait until toothache and swollen jaws compel them to seek dental attention. Treatment under general anaesthesia and fillings have been a big factor in the improvement of the acceptance of dental attention. Examination and Dental treatment centres in the outlying areas—Ballyfermot, Crumlin, Drimnagh, Finglas, Howth and Larkhill, in addition to the centres in Cornmarket on the South Side, and Killarney Street on the North Side, have made a large contribution to the health of School Children, as well as to their younger brothers and sisters and their mothers.

Reference has been made in previous reports to the high incidence of postural defects in School Children. The milk in school and the sandwich is of great benefit to the health of growing boys and girls. The lack of drill and the belated hour at which very many children eat their dinner, detract from good physical development.

It is regretted that the condition of girls' hair call for unfavourable comment. D.D.T. Lotion is available, free, in various centres in Dublin, and would keep children free from infestation, if used regularly, and if routine attention was paid to this important aspect of Health. It is difficult to understand the resentment caused by reference to this matter. It is equally difficult however, to understand the acquiescence in such conditions. The general appearance of children has improved, and it is therefore all the more to be deplored that high incidence of Nits in Schoolgirls' hair, and even in Boys' should be found. The cost of haircuts may be a factor, Long hair worn by girls, unplaited, can become infested during contact at School and play.

The year 1962 was memorable for the fact that the School Medical Staff was increased from four to seven Doctors with ancillary increases in Nursing and Clerical Staffs. This will mean that more children will be inspected each year, and that the interval between the routine visits to schools for Medical Inspection will be curtailed. In this way, the benefits of the School Health Service will be available to more Dublin City families. Under the new scheme the City has been zoned into areas, and a team of Medical, Nursing and Clerical Staff has been allocated to the various areas. Afternoon Child Welfare Clinics in each area, staffed by the Doctors engaged in "school" work in the mornings, means that the health of the younger brothers and sister of the school-age children, will be supervised by the same doctor. The School Population of 90,412 indicates an upward trend, and the manifest need for an adequate Medical, Nursing and Clerical Staff for such a large number of school children, has been manifest during the past year in the increased staffing of the School Health Service.

We are deeply grateful to the Reverend Managers of schools and the Teaching Staff, who have always been so helpful to us in our work. Our best thanks are extended, too, to all the various Voluntary Organisations in the City for the inestimable help they have continued to give to us throughout the year. The Medical, Nursing and Clerical Staff have always done their work excellently and pleasantly, and we wish to place on record our appreciation of their unfailing assistance.

LIST OF SCHOOLS IN WHICH SCHOOL HEALTH EXAMINATIONS WERE HELD DURING 1962

(See Footnote)

Artane C.B. ....	....	(1)	Boys	City Quay ....	....	(1)	Boys Infants
Baggot Street ....	....	(1)	Girls Infants	Clarendon Street ....	....	(1)	Girls Infants
Baldoyle ....	....	(1)	Girls Infants	Cook Street ....	....	(2)	Boys Girls
Baldoyle, Orthopaedic Hospital ....	....	(1)	Boys Girls Infants	Coolock ....	....	(1)	Boys
Ballyfermot, Gurteen Road ....	....	(1)	Boys	Coolock Convent ....	....	(1)	Girls Infants
Ballyfermot, De la Salle	(3)		Boys	Crumlin, St. Agnes' ....	....	(7)	Girls Infants
Ballyfermot, Dominican	(7)		Girls Infants	Crumlin, C.B. ....	....	(4)	Boys
Ballyfermot, St. Louise's ....	....	(1)	Girls Infants	Crumlin, Loreto ....	....	(2)	Girls Infants
Beaver Row ....	....	(1)	Girls Boys Infants	Crumlin, St. Mary's	(1)		Boys Girls Infants
Belmont Avenue ....	....	(1)	Girls Infants	Donnybrook Boys ....	....	(1)	Boys
Blackhall Parade ....	....	(1)	Boys Girls Infants	Donnycarney C.B. ....	....	(1)	Boys
Blackpitts ....	....	(2)	Boys Infants	Donnycarney Convent	(2)		Girls Infants
Blacquiere Bridge ....	....	(1)	Boys Girls Infants	Donore Avenue C.B.	(1)		Boys
Bluebell ....	....	(2)	Boys Girls Infants	Donore Avenue, St. Catherine's ....	....	(1)	Boys Girls Infants
Botanic Avenue ....	....	(1)	Boys Girls Infants	Dorset Street ....	....	(2)	Girls Infants
Chapelized No. 1 ....	....	(2)	Boys Girls Infants	Dorset Street ....	....	(2)	Boys
Chapelized No. 2 ....	....	(1)	Boys Girls Infants	Drimnagh ....	....	(2)	Boys
Church Avenue, Drumcondra ....	....	(1)	Boys Girls Infants	Drimnagh ....	....	(2)	Girls Infants
				Drumcondra, St. Joseph's ....	....	(1)	Boys Infants
				East Wall ....	....	(1)	Boys Girls Infants
				Fairview, St. Joseph's C.B. ....	....	(1)	Boys

**LIST OF SCHOOLS IN WHICH SCHOOL HEALTH EXAMINATIONS WERE
HELD DURING 1962—Continued**

Finglas, De la Salle	(1)	Boys	Herbert Avenue, St. Anthony's	(1)	Boys Girls Infants
Finglas, Ferndale Ave., H.F.	(2)	Girls Infants	Howth	(3)	Boys Girls Infants
Finglas, Jamestown Ave., St. Michael's	(1)	Boys Girls Infants	Howth Road	(2)	Boys Girls Infants
Finglas, Ballygall Rd., Ext., St. Canice's	(2)	Boys Girls Infants	Inchicore, Central	(1)	Boys Girls Infants
Clareville Road	(2)	Boys Girls Infants	Inchicore, Model	(3)	Boys Girls Infants
Clontarf, Belgrove	(2)	Boys Girls Infants	Iona Road	(1)	Girls Infants
Clontarf, Ortho. Hospital	(1)	Boys Girls Infants	Finglas, Parochial	(1)	Boys Girls Infants
Fishamble Street	(1)	Boys Girls Infants	Finglas, St. Fergal's	(1)	Boys
Francis Street C.B.	(1)	Boys	Finglas, H.F., Wellmount Road	(5)	Girls Infants
George's Hill	(1)	Girls Infants	Marino, St. Vincent de Paul	(2)	Girls Infants
Gloucester St. North, St. Thomas'	(1)	Boys Girls Infants	Marist, Clogher Road	(1)	Girls Infants
Goldenbridge	(1)	Girls Infants	Merrion Road, St. Mary's	(1)	Girls Infants
Goldenbridge Residential	(1)	Girls Infants	Milltown	(1)	Boys
Grand Canal Street	(1)	Boys Infants	Milltown Convent	(1)	Girls Infants
Greenlanes	(1)	Boys Girls Infants	Mountjoy Street, Josephine	(1)	Girls Infants
Halston Street	(2)	Boys Infants	Navan Road	(2)	Boys Infants
Harold's Cross, Our Lady's Mount	(1)	Girls Infants	North Strand	(2)	Boys Girls Infants
Harold's Cross, St. Clare's	(1)	Girls Infants	Northumberland Road, St. Declan	(1)	Boys Girls Infants

**LIST OF SCHOOLS IN WHICH SCHOOL HEALTH EXAMINATIONS WERE
HELD DURING 1962—Continued**

O'Brien Institute (1) Boys	Seville Place C.B. (1) Boys (3) Girls Infants
Parnell Road C.B. (1) Boys	Strand Street C.B. (1) Boys
Phoenix Park (1) Girls Infants	Strand Street (1) Girls Infants
Raheny No. 2 (1) Boys Girls Infants	Sutton, Burrow (1) Boys Girls Infants
Rathfarnham, De la Salle (1) Boys	Synge Street C.B. (1) Boys
Rathfarnham, (1) Girls Grange Road Infants	Terenure Boys (1) Boys Infants
Rathfarnham, (1) Girls Nutgrove Avenue Infants	Terenure (1) Girls Infants
Rathfarnham, Village (1) Boys Girls Infants	Walkinstown C.B. (1) Boys
Rathgar Avenue (2) Boys Girls Infants	Walkinstown Convent (5) Girls Infants
Rathmines (1) Boys	Westland Row C.B. (1) Boys
Rathmines, St. Louis (2) Girls Infants	Whitefriar Street (2) Girls Infants
Rialto, St. Andrew's (1) Boys Girls Infants	Zion Road (1) Boys Girls Infants
John's Lane (2) Boys Girls Infants	Aughrim Street (4) Boys Girls Infants
Killester (2) Girls Infants	Cabra, St. Joseph's (1) Boys
King Street, North (2) Boys Girls Infants	Sandford Church (1) Boys Girls Infants
Larkhill (1) Boys (2) Girls Infants	Richmond Street, North C.B. (1) Boys
Leeson Park (1) Boys Girls Infants	Ringsend (3) Boys Girls Infants
School Street (3) Boys Girls Infants	Rutland Street, Lr. (2) Girls Infants
	St. Mary's Place, C.B. (1) Boys
	Sandymount, (1) Boys St. Matthews Girls Infants

NOTE.—The number in brackets after the name of each School denotes the number of Schools according to Department of Education's Classification.

DEFECTS FOUND DURING THE YEAR ENDED 31st DECEMBER, 1962

DEFECTS	Defects requiring attention	Defects for observation
Clothing	569	3,341
Footgear	1,053	2,111
Hair and Scalp	1,104	3,151
Body	560	1,142
Vaccination "Nil"	20,556	—
Speech	350	695
Mental Condition	49	339
General Condition	222	1,946
Teeth	21,477	319
Glands	125	4,369
EAR :		
Def. Hearing	308	217
Otitis Media	29	72
Other Diseases	90	256
NOSE AND THROAT :		
Tonsils and Adenoids	2,123	9,631
Other Defects	197	665
EYE :		
Blepharitis and Conjunctivitis	97	
Defective Vision	4,430	621
Squint	841	3,579
Other Diseases	53	2,243
		179
SKIN :		
Ringworm Head	—	4
Ringworm Body	—	2
Scabies	—	1
Impetigo	8	21
Other Diseases	560	2,595
HEART AND CIRCULATION :		
Organic Heart Disease	87	285
Functional ditto	24	447
Anaemia	142	1,665
LUNGS :		
Bronchitis	91	678
Other	136	223
NERVOUS SYSTEM :		
Epilepsy	1	2
Other	87	486
DEFORMITIES :		
Spinal Curvature	12	43
Other	168	1,963
POSTURAL DEFECTS :		
Round Shoulders	331	4,733
Flat feet	776	3,151
Scoliosis	21	445
Rickets	2	759
Infectious Diseases	1	21
Rheumatism and Chorea	7	198
Other Diseases	330	2,921

DUBLIN CITY NATIONAL SCHOOLS

Average Height and Weight for Age and Sex of children who were examined during the course of Routine S.M.I.
Year 1962 and Year 1952.

Total number of children examined 1952: 23,409. Total number of children examined 1962 : 31,362.

Year of Birth	Age Group	MALE				FEMALE					
		Card Count 1962	Average Height Inches 1952	Average Height Inches 1962	Average Weight Pounds 1952	Average Weight Pounds 1962	Card Count 1962	Average Height Inches 1952	Average Height Inches 1962	Average Weight Pounds 1952	Average Weight Pounds 1962
1957	5	980	43½	43¾	44¼	44¼	977	43	43¼	42¼	42½
1956	6	1,213	45	45	47	47	1,431	44½	44½	45	45¼
1955	7	1,490	46½	46¾	50½	50¾	1,628	46¼	46½	48½	48¾
1954	8	1,472	48½	49¾	55	57¼	1,962	48¼	49	53	54½
1953	9	1,951	50	51¼	59¾	60½	1,954	50½	50½	58¼	59½
1952	10	860	52¼	52¾	65	65½	897	52¼	52¼	63	66
1951	11	1,261	54½	55	71	74	1,451	54¼	55¼	69¼	72
1950	12	2,065	56	56¼	76	78	1,479	56	56½	76¼	77¾
1949	13	522	57½	57½	81½	86½	356	57¾	58	85	87
1948	14	174	59	59½	88¼	94	66	59¾	58½	93	89½
1947	15	135	—	63	—	123	14	—	58¾	—	95

Defects Treated, School Children—Year 1962

DEBILITY :

Admitted to Convalescent Homes	49
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EYE :

Admitted to Hospitals :

Strabismus	60
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Extern Departments :

Defective Vision including Squint	1,214
Cysts	2
Blepharitis	3
Other Defects	....	....	2

EAR, NOSE AND THROAT :

Admitted to Hospitals :

Otitis Media	....	....	8
Epistaxis	....	....	2
Mastoid	....	....	1
Sinusitis	....	....	6
Congenital Malformation	....	....	1
Tonsils and Adenoids	....	....	637

Extern Department :

Otitis Media	....	....	1
Defective Hearing	....	....	4
Sinusitis	....	....	1
Epistaxis	....	....	2
Other Defects	....	....	108

ORTHOPAEDIC :

Admitted to Hospitals :

Spina Bifida	....	....	4
Congenital Dislocation of Hip	....	....	6
Congenital Absence of Arms	....	....	2
Club Feet	....	....	14
Pes Planus	....	....	8
Perthes Disease	....	....	3
Torticollis	....	....	2
Cerebral Palsy	....	....	10
Muscular Dystrophy	....	....	2
Kyphosis	....	....	8
Other Defects	....	....	5

Extern Department :

Muscular Dystrophy	....	....	....	....	1
Cerebral Palsy	....	....	....	....	75
Club Feet	....	....	....	....	20
Pes Planus	....	....	....	....	81
Genu Varum	....	....	....	....	2
Torticollis	....	....	....	....	7
Scoliosis	....	....	....	....	3
Kyphosis	....	....	....	....	18
Klippel Feil Syndrome	....	....	....	....	2
Paralytic condition, including two Spina Bifida Cases	....	....	....	....	11
Other Defects	....	....	....	....	5

GENERAL :

Admitted to Hospitals :

Rheumatism/Cardiac/Chorea (including Congenital Heart)	....	....	....	....	19
U.R.T.I.	....	....	....	....	7
Anaemia and Debility	....	....	....	....	17
Enlarged Glands	....	....	....	....	2
Hernia	....	....	....	....	5
Coeliac Syndrome	....	....	....	....	1
Genito Urinary Disorders (including Eneuresis)	....	....	....	....	19
Dental	....	....	....	....	5
Skin Affections	....	....	....	....	6
Investigation	....	....	....	....	18

Children suffering from the following conditions attended *Extern Departments* of Hospitals :

Rheumatism/Cardiac/Chorea (including Congenital Heart)	....	....	....	....	44
U.R.T.I.	....	....	....	....	14
Anaemia	....	....	....	....	7
Genito Urinary Disorders (including Eneuresis)	....	....	....	....	13
Skin Affections	....	....	....	....	45
Investigation	....	....	....	....	7
Attendances for Physiotherapy	....	....	....	....	2,680
X-ray Examinations	....	....	....	....	117
Orthopaedic Appliances Supplied (including Renewals and Repairs)	....	....	....	....	288
Attendances at Cerebral Palsy Clinic	....	....	....	....	12,851

SPECTACLES :

Spectacles supplied	....	....	....	....	1,431
Spectacles repaired	....	....	....	....	2,571
Occluders supplied	25
Artificial Eyes supplied	6

HEARING AIDS :

Supplied	24
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CLINICS ATTENDANCES :

Ear, Nose and Throat	2,522
Orthopaedic	49

CHILD GUIDANCE CLINIC :

Total number attended during the year	....	752
Of these 200 were known to Child Health Service, Pre-School and School Age.		

Resume of the work done in School Audiometry for the Year 1962

MR. C. D. O'CONNELL (ENT Consultant).

Hearing Test on School Children—Aged 6-10 Years

Total Number Examined	....	....	....	....	....	13,321
No. referred for Clinical Examination	....	....	....	....	....	727
C.C.O.M. or Eustachian Obstruction due to Ts.A.S.	....	....	....	....	....	147
C.S.O.M.	....	....	....	....	....	51
Eustachain Catarrh—Inflated	....	....	....	....	....	36
Cerumen	....	....	....	....	....	90
Foreign Bodies	....	....	....	....	....	5
Referred Dental Dept.	....	....	....	....	....	4
Post Mastoidectomy	....	....	....	....	....	4
Speech Defect, not due to Hearing Defect, Recommended						
Speech Therapy	....	....	....	....	....	20
Mentally Retarded	....	....	....	....	....	2
Injury to Ear	....	....	....	....	....	3
Refused examination at clinic	....	....	....	....	....	1
Nerve deafness (Bilateral) Post Meningitis	....	....	....	....	....	1
Nerve deafness—unilateral	....	....	....	....	....	4
Normal at examination	....	....	....	....	....	122
Failed to attend clinic	....	....	....	....	....	178
On waiting List for appointment	....	....	....	....	....	51
						<hr/> 727

Of above 8 children were referred for Education in Special Classes (2 did not avail of Special Education).

Children aged 6—18 years. See report A.P.M. Scheme.

Treatment of Handicapped Children All Ages

RESIDENTIAL SCHOOLS	Admis- sions	Dis- charges
<i>Physical Handicapped :</i>		
St. Joseph's School for the Blind, Drumcondra—Boys	5	3
St. Mary's School for the Blind, Merrion Road—Girls	2	2
St. Joseph's School for the Deaf/Deaf Mutes, Cabra—Boys	5	6
St. Mary's School for Deaf/Deaf Mutes, Cabra—Girls	5	2
Mary Immaculate School for Deaf, Stillorgan—Boys	4	2
<i>Mentally Handicapped :</i>		
Stewart's Hospital, Palmerstown	2	—
St. Vincent's Home, Navan Road, Cabra	6	2
Holy Angels, Glenmaroon	15	14
St. Augustine's Colony, Blackrock	26	29
St. Raphael's, Celbridge	10	7
St. Mary's, Drumcar	4	8
<i>*OTHER CONDITIONS :</i>		
<i>Rheumatic/Cardiac/Chorea :</i>		
St. Gabriel's, Cabinteely	93	79
Linden, Blackrock	52	56
<i>*General Debility, etc.:</i>		
Cheeverstown	583	
Linden	188	
<i>†Orthopaedic Defects :</i>		
Orthopaedic Hospital, Clontarf	140	140
Orthopaedic Hospital, Cappagh	41	39
Orthopaedic Hospital, Baldoyle	23	21
Marino Clinic, Bray	9	9

*Includes I.S.A., School Health Service and Child Welfare.

†Includes I.S.A., and post A.P.M. cases as well as School Health and Child Welfare.

Admissions to the Sunshine Home, Stillorgan, during the past year were 179. The discharges were 164. The numbers admitted to Fairy Hill Hospital were 125 and the discharges 120—the children having been referred by the Tuberculosis—Treatment & Preventative Service as well as the I.S.A. and Child Welfare Dept. One child was admitted to the Sunbeam Home, Bray.

DENTAL SERVICE

J. B. CASEY, *Acting Chief Dental Officer.*

Mr. Hyland, Chief Dental Officer, retired on 1st April, having reached the age limit. He had given extremely good service to the Corporation and to its successor, the Health Authority. For many years he had endeavoured (and with success) to change the character of the Dental service towards Prevention and Conservatism. The proportion of fillings to extractions has increased year by year, until now 40% of the work is conservative. In addition to the regular Clinics, the Health Authority has arranged with the Dental Hospital to do a weekly dental session for school children. This serves two purposes—it gives material for the Dental Hospital and it provides a convenient clinic for a part of the City not conveniently served by the Health Authority. In addition 29 orthodontic cases were referred to the Dental Hospital, while at Cornmarket 37 cases of minor orthodontic defects were attended to, and 3 cases in Curlew Road Clinic.

The following is a table giving details of the treatment carried out by us and by the Dental Hospital :

TREATMENT	Mothers	Pre-School Children	School Children		T.B.
			Dental Service	Dental Hospital	
Attendances for treatment	3,932	2,013	47,447	2,896	2,870
Extractions :					
Local Anaesthetic	2,063	194	16,007	190	1,354
Extractions :					
General Anaesthetic	859	4,023	28,957	866	15
Fillings	358	181	18,331	1,077	265
Scalings, Polishings, Gum Treatment, Dressings,	512	558	14,423	836	148
Examinations	1,428	2,064	27,938	720	

MIDWIVES AND MATERNITY HOMES

MISS E. M. BLAYNEY, S.R.N., S.C.M., H.V.

MIDWIVES ACT, 1944

During the year two hundred and twenty-seven (227) midwives notified their intention to practise within the area of the Local Authority.

These midwives were visited in their homes where their equipment and records were examined. Instructions were given as to the carrying out of their duties under the terms of their agreements. On the whole the general standard was good.

The number of visits made to midwives and Nursing Homes was nine hundred and twenty (920). Maternity Homes registered in the City on December 31st, 1962 were 24 and 4 Hospitals.

Nursing Homes closed	....	....	....	1
Nursing Homes registered	....	....	....	Nil
Maternal deaths	....	....	....	3
Infant deaths	....	....	....	261
Stillbirths notified	....	....	....	506
Infections notified	....	..	....	2

VERGEMOUNT FEVER HOSPITAL

F. N. ELCOCK, L.R.C.P.S.I., D.P.H.

Resident Medical Superintendent

During the year ended 31st December, 1962, one thousand, two hundred and fifty seven cases were admitted to Vergemount Fever Hospital. 74 cases remained in hospital at the close of the year 1961, and the total number under treatment was 1,331. There were 9 deaths, and 1,322 were discharged cured.

The mortality rate for all cases under treatment was 0.68 per cent, as compared with 0.86 per cent in 1961 and 0.71 per cent in 1960.

The number of admissions for the year showed an increase of 110 from the previous year. Gastro Enteritis (all ages) accounted for approximately 25% of the total admissions. Varicella admissions numbered 111 as compared with 26 in 1961. Diphtheria admissions showed a decrease of 10 cases from 1961. It is a regrettable fact that of the four clinical cases, three had not been immunised.

During the year the Smallpox Unit was opened to admit 12 cases of suspected Smallpox and ? Contact cases (see Smallpox).

D and E Blocks were painted. E Block was converted into living quarters for Nursing Personnel, while the four wards in 'D' Block were made available for Contact cases of Smallpox should the occasion arise. Two incinerators were installed, one in the Smallpox Unit, the other in the Smallpox Block (Contact cases).

During the Measles epidemic at the end of the year 'D' Block was opened, but was eventually closed owing to the shortage of Nursing Staff.

Doctors William Caron and Thomas Shaw were appointed House Physicians on the 1st January. Dr. Shaw left the staff at the end of June and was replaced by Dr. Cecilia Diskin.

Staff Nurse Hanly resigned in October.

The Visiting Committee of the Dublin Health Authority met at the hospital on 20th February, 27th June and 24th October. They inspected both the hospital and the Nurses' Home and made certain recommendations.

I wish to express my thanks to the Medical Officers, the Matron and the Nursing Staff and the Clerical Staff for their loyal co-operation. I would also wish to express my thanks to Mr. J. E. Coolican (Surgeon), Dr. Alan Mooney (Ophthalmic Surgeon), Dr. John Lanigan (Neurological Surgeon), and Dr. Brendan McEntee for their advice at all times during the year.

TABLE 1

SHOWING THE NUMBER OF ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEAR ENDING 31ST DECEMBER, 1962

DISEASE	Number of Cases Admitted	Number Died	Case Mortality
Gastro Enteritis (under 2 years)	328	2	0·61
Measles	141	—	—
Varicella	111	—	—
Scarlet Fever	76	—	—
Rubella	61	—	—
Acute Tonsillitis/Strepto- coccal Throat	58	—	—
Scabies	55	—	—
Croup	51	—	—
Pneumonia	34	4	11·76
Infective Hepatitis	30	—	—
Epidemic Parotitis	26	—	—
Dysentery	24	—	—
Pertussis	22	—	—
Meningitis	17	1	5·88
Acute Enteritis (over 2 years)	14	—	—
Diphtheria	5	—	—
Impetigo Contagiosa	5	—	—
Acute Meningism	5	—	—
Infective Mononucleosis	3	—	—
Erysipelas	2	—	—
Enteric Fever	2	—	—
Puerperal Sepsis	2	—	—
Bacterial Food Poisoning	2	—	—
Pemphigus	2	—	—
Encephalitis	2	—	—
Miscellaneous	179	2	1·11
Total	1,257	9	0·71

SCARLET FEVER

Seventy-six cases were admitted, which shows a increase of 11 from the previous year. There were no deaths. The type in general was mild. The following complications were noted in some of the cases.

ADENITIS, RHINITIS, OTITIS MEDIA,
WHITLOWS, ABSCESES AND ALBUMENURIA

TABLE 2

SHOWING THE NUMBER OF SCARLET FEVER ADMISSIONS, THE NUMBER OF DEATHS AND THE CASE MORTALITY FOR THE YEARS 1950—1962

Year	Number of Cases Admitted	Number Died	Case Mortality
1950	695	—	—
1951	346	—	—
1952	292	1	0·34
1953	381	—	—
1954	309	—	—
1955	238	—	—
1956	175	—	—
1957	183	—	—
1958	220	—	—
1959	143	—	—
1960	129	—	—
1961	65	—	—
1962	76	—	—

MEASLES

One hundred and forty-one cases were admitted which shows a decrease of 55 from the previous year. There were no deaths. Many of the cases had a severe upper respiratory infection. The following complications were noted in some of the cases :—

ACUTE BRONCHITIS, ACUTE LARYNGITIS, RHINITIS, OTITIS MEDIA, ENTERITIS, CONJUNCTIVITIS, BRONCHO PNEUMONIA

TABLE 3

SHOWING THE NUMBER OF MEASLES ADMISSIONS, THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE YEARS 1950–61

Year	Number of Cases Admitted	Number Died	Case Mortality
1950	340	5	1·47
1951	243	3	1·23
1952	250	3	1·20
1953	363	6	1·65
1954	538	6	1·11
1955	447	2	0·45
1956	314	5	1·59
1957	312	2	0·64
1958	78	—	—
1959	206	1	0·48
1960	35	—	—
1961	196	—	—
1962	141	—	—

PERTUSSIS

Twenty-two cases were admitted, showing a decrease of 35 from the previous year. There were no deaths. The complications noted in some of the cases were as follows :—

BRONCHITIS, LARYNGITIS, BRONCHOPNEUMONIA,
ENTERITIS, SUBCONJUNCTIVAL HAEMORRHAGE EMPHYSEMA.

TABLE 4

SHOWING THE NUMBER OF PERTUSSIS ADMISSIONS, THE NUMBER
OF DEATHS, AND THE CASE MORTALITY FOR THE
YEARS 1950—1962

Year	Number Cases of Admitted	Number Died	Case Mortality
1950	199	10	5·02
1951	188	8	4·25
1952	267	2	0·75
1953	276	6	2·17
1954	56	1	1·78
1955	271	3	1·10
1956	266	8	3·07
1957	50	1	2·00
1958	33	—	—
1959	227	3	1·32
1960	43	—	—
1961	57	—	—
1962	22	—	—

DIPHTHERIA

Five cases (including one carrier) were admitted showing a decrease of 10 from the previous year. There were no deaths. There was one carrier, leaving 4 cases of clinical Diphtheria, viz. 2 Faucial, one Nasal, and one Faucial and Nasal. The Gravis type was responsible for these cases. No complications were observed. Of the 4 cases admitted, 3 of these had not been immunised and the fourth case received only one inoculation.

TABLE 5

SHOWING THE NUMBER OF DIPHTHERIA ADMISSIONS AND DEATHS
FOR THE YEARS 1950—62

Year	Number of Cases Admitted	Number Died	Case Mortality
1950	—	—	—
1951	—	—	—
1952	—	—	—
1953	1 carrier	—	—
1954	26	4	15·38
1955	53	6	11·32
1956	142	9	6·33
1957	47	2	4·65
1958	23	—	—
1959	22	1	4·54
1960	23	—	—
1961	15	—	—
1962	5	—	—

GASTRO ENTERITIS

Three hundred and twenty-eight cases were admitted as suffering from Gastro Enteritis.

Of the 328 cases—Classification :—

Infective Gastro Enteritis	....	....	....	166
Dietetic Enteritis	....	....	....	99
Symptomatic of Other Diseases	....	....	....	63
Dysentery (Sonne and Flexner)	....	....	....	10
Bacterial Food Poisoning (Salm. Typhi Murium)	....	....	....	1

PATHOGENIC ORGANISMS ISOLATED IN INFECTIVE ENTERITIS GROUP

E. Coli	0119	in 8 cases
E. Coli	055	in 5 cases
E. Coli	026	in 4 cases
E. Coli	0111	in 1 case
E. Coli	0127	in 1 case

Of the 166 cases of Infective Gastro Enteritis, 2 died giving a mortality rate of 1.20 per cent as compared with 2.58 per cent in 1961. The details of the 2 deaths are as follows :

1. A baby of 4 days, admitted with severe Gastro Enteritis, complicated by convulsions, and who died thirty minutes after admission.
2. A baby of 12 months, (7 days ill before admission), moribund, cheyne-stokes breathing—put into oxygen tent—stimulants etc. Died 10 minutes after admission.

PERTUSSIS

Twenty-two cases were admitted, showing a decrease of 35 from the previous year. There were no deaths. The complications noted in some of the cases were as follows :—

BRONCHITIS, LARYNGITIS, BRONCHOPNEUMONIA,
ENTERITIS, SUBCONJUNCTIVAL HAEMORRHAGE EMPHYSEMA.

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OF DEATHS, AND THE CASE MORTALITY FOR THE
YEARS 1950—1962

Year		Number Cases of Admitted	Number Died	Case Mortality
1950	....	199	10	5·02
1951	....	188	8	4·25
1952	....	267	2	0·75
1953	....	276	6	2·17
1954	....	56	1	1·78
1955	....	271	3	1·10
1956	....	266	8	3·07
1957	....	50	1	2·00
1958	....	33	—	—
1959	....	227	3	1·32
1960	....	43	—	—
1961	....	57	—	—
1962	....	22	—	—

DIPHTHERIA

Five cases (including one carrier) were admitted showing a decrease of 10 from the previous year. There were no deaths. There was one carrier, leaving 4 cases of clinical Diphtheria, viz. 2 Faucial, one Nasal, and one Faucial and Nasal. The Gravis type was responsible for these cases. No complications were observed. Of the 4 cases admitted, 3 of these had not been immunised and the fourth case received only one inoculation.

TABLE 5

SHOWING THE NUMBER OF DIPHTHERIA ADMISSIONS AND DEATHS
FOR THE YEARS 1950—62

Year	Number of Cases Admitted	Number Died	Case Mortality
1950	—	—	—
1951	—	—	—
1952	—	—	—
1953	1 carrier	—	—
1954	26	4	15·38
1955	53	6	11·32
1956	142	9	6·33
1957	47	2	4·65
1958	23	—	—
1959	22	1	4·54
1960	23	—	—
1961	15	—	—
1962	5	—	—

GASTRO ENTERITIS

Three hundred and twenty-eight cases were admitted as suffering from Gastro Enteritis.

Of the 328 cases—Classification :—

Infective Gastro Enteritis	166
Dietetic Enteritis	99
Symptomatic of Other Diseases	63
Dysentery (Sonne and Flexner)	10
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1. A baby of 4 days, admitted with severe Gastro Enteritis, complicated by convulsions, and who died thirty minutes after admission.
2. A baby of 12 months, (7 days ill before admission), moribund, cheyne-stokes breathing—put into oxygen tent—stimulants etc. Died 10 minutes after admission.

TABLE 6

SHOWING THE NUMBER OF CASES OF INFECTIVE GASTRO ENTERITIS
CLASSIFIED IN AGE GROUPS

Under 1 month	Under 3 months	Under 6 months	Under 1 year	Under 2 years
6	24	49	51	36

TABLE 7

SHOWING THE NUMBER OF CASES OF INFECTIVE GASTRO
ENTERITIS (UNDER TWO YEARS) ADMISSIONS FOR THE YEARS
1950—1962

Year	Number of Cases Admitted	Number Died	Case Mortality
1950	12	—	—
1951	49	3	6.12
1952	53	1	1.88
1953	78	4	5.12
1954	30	2	6.66
1955	80	9	11.25
1956	80	6	7.50
1957	173	10	5.78
1958	126	5	3.96
1959	107	1	1.87
1960	122	—	—
1961	155	4	2.58
1962	166	2	1.20

MENINGITIS

Seventeen cases of Meningitis treated during the year were classified as follows :—

Acute Lymphocytic	....	....	....	6 cases
Meningococcal	....	....	....	4 „
Tuberculous	....	....	....	4 „
Purulent (No organism isolated)	....	....	....	1 „
Staphylococcal	....	....	....	1 „
Pneumococcal	....	....	....	1 „

One death occurred in the series—a boy of 14 years who died from Tuberculous Meningitis twelve days after admission. He had a history of two previous attacks of Tuberculous Meningitis.

TABLE 8

SHOWING THE NUMBER OF TUBERCULOUS MENINGITIS ADMISSIONS,
THE NUMBER OF DEATHS, AND THE CASE MORTALITY FOR THE
YEARS 1950—1962

Year	Number of Cases Admitted	Number Died	Case Mortality
1950	6	6	100.00
1951	6	6	100.00
1952	6	5	83.33
1953	12	7	58.33
1954	10	1	10.00
1955	5	2	40.00
1956	4	1	25.00
1957	4	1	25.00
1958	5	—	—
1959	2	—	—
1960	6	2	33.33
1961	1	—	—
1962	4	1	25.00

TABLE 9

SHOWING THE NUMBER OF MENINGOCOCCAL MENINGITIS
ADMISSIONS, THE NUMBER OF DEATHS, AND CASE MORTALITY
FOR THE YEARS 1950—1962

Year	Number of Cases Admitted	Number Died	Case Mortality
1950	10	—	—
1951	13	1	7.70
1952	15	2	13.33
1953	12	—	—
1954	8	3	37.50
1955	5	1	20.00
1956	1	—	—
1957	3	—	—
1958	2	—	—
1959	3	—	—
1960	2	1	50.00
1961	4	1	25.00
1962	4	—	—

PNEUMONIA

Thirty-four cases were admitted during the year, showing an increase of 32 from the previous year. These cases were classified as follows :

Bronchopneumonia	....	....	....	27 cases
Influenzal Pneumonia	....	....	....	15 cases
Lobar Pneumonia	....	....	....	2 cases

There were 4 deaths, the details of which are as follows :

1. A man of 79 years (3 weeks ill before admission), who died eight days after admission from Bronchopneumonia and Myocarditis (and Fibrillation) following Chronic Bronchitis and Emphysema.
2. A baby of 10 months practically moribund on admission died three hours after admission from Acute Bronchopneumonia and Acute Cardiac Failure following an attack of Gastro Enteritis.
3. A baby of 15 months (Upper Respiratory Tract Infection since birth) who died within six hours of admission from Acute Bronchopneumonia and Acute Cardiac Failure.
4. A boy of 13 years (7 days ill before admission) died from Influenzal Pneumonia following an attack of Influenza—admitted to hospital in a dying state—survived for 15 minutes. Marked Cyanosis, both lungs congested, gallop rythm, etc.

ACUTE TONSILLITIS—STREPTOCOCCAL SORE THROAT

Fifty-eight cases were admitted as suffering from Diphtheria or suspected cases. All responded to treatment.

CROUP

There were forty-three cases of Catarrhal Laryngitis, and eight cases of Acute Laryngo-Tracheo-Bronchitis admitted. These cases were admitted as suffering from suspected Laryngeal Diphtheria. All made good recoveries.

VARICELLA, MUMPS AND RUBELLA

One hundred and eleven cases of Varicella, sixty-one cases of Rubella and twenty-six cases of Mumps were admitted. All made good recoveries. Varicella showed an increase of 85 from the previous year. Likewise, Rubella showed an increase of 16 and Mumps an increase of 18.

INFECTIVE HEPATITIS

Thirty cases were admitted during the year, showing an increase of 10 from the previous year. Most of the cases were mild and readily responded to treatment—a few cases were so deeply jaundiced that it was necessary to seek a Surgical opinion.

INFECTIVE MONONUCLEOSIS

Three cases were admitted, showing a decrease of 5 from the previous year. All made good recoveries with the newer antibiotics. No complications were noted.

DYSENTERY AND BACTERIAL FOOD POISONING

Twenty-four cases of Dysentery were admitted; sixteen being caused by *Shigella Sonnei* and eight by *Shigella Flexneri*. There were two cases of Bacterial Food Poisoning (*Salm. Typhi. Murium*). All made good recoveries.

SCABIES

Fifty-five cases of Scabies, many of them secondarily infected with *Staphylococci* (*Coagulose Positive Staph. Aureus*) were admitted, and all responded to treatment.

ENTERIC FEVER

Two cases of Enteric Fever were admitted—one case a Paratyphoid B. carrier and the other a *Salmonella Typhi.* infection. Both cases responded to treatment.

PUERPERAL SEPSIS

Two cases of Puerperal Sepsaemia were admitted. In both cases infection was caused by Group A Beta haemolytic streptococci. Both cases responded to treatment and were fit to be discharged before the third week.

ACUTE ENTERITIS (over two years)

Fourteen cases were admitted as suffering from Dysentery. Bacteriological examination of faeces in all cases proved negative. One case, a woman of 47 years, had a Colitis and was transferred to a surgical unit in a General Hospital.

IMPETIGO CONTAGIOSA

Five cases were admitted. All responded to treatment.

ACUTE MENINGISM

Five cases were admitted as suspected cases of Meningitis.

ENCEPHALITIS

Two cases of 'post vaccinal Encephalitis' were admitted—one a boy of 17 years who developed a mild Encephalitis ten days after vaccination, the second a boy of 10 years—who before admission was delirious—had a mild Encephalitis (he had been vaccinated 5 days prior to admission). Both cases were discharged under 10 days.

PEMPHIGUS

Two cases were admitted—one a man of 22 years the other a child of 3 years. Both responded to treatment.

MISCELLANEOUS CASES

One hundred and seventy-nine cases were admitted as suffering from various infectious diseases. There were two deaths.

1. Marasmus and Fibrocytic Disease in a baby of four months.
2. Gangrene of leg, strangulated umbilical hernia, Bronchitis and Arteriosclerosis in a woman of 75 years.

SMALLPOX

Twelve cases of suspected and Contact Cases were admitted. The details of these cases are as follows :

1. An Adult Contact Smallpox quarantined—did not develop Smallpox. He had been to Bradford where there were cases of Variola.
2. A medical student from Cardiff—vaccinated on arrival at Dublin and quarantined—Vaccination was successful and he was discharged.
3. A soldier who travelled from Germany was admitted as a suspected Smallpox. Clinically he was a case of Pemphigus. He had been successfully vaccinated.
4. A girl of 18 years—returned from Dusseldorf by air, touched down at Birmingham for one hour. She developed a rash and was admitted as a suspected case of Smallpox. She had a mild eruption of Chickenpox which cleared up in nine days. She had been successfully vaccinated.
5. A boy of 3 years admitted from a Children's Hospital as a suspected case of Smallpox. He had popular urticaria and was discharged 5 days after admission. He had come from Halifax, but was successfully vaccinated before admission.
6. A girl of 10 years was admitted as a case of Smallpox. She had a severe attack of Chickenpox.
7. A girl of 4 years notified as a case of Smallpox. She had some septic spots, face and necktrunk free from rash.
8. A man of 43 years was admitted as a contact case. He was successfully vaccinated, but was quarantined for the full period. He did not develop any rash. He had been to Cardiff and was transferred from Wexford to Clonskeagh.
9. A man of 28 years—had been to Wales (Neath). He complained of headache, vomiting and shivering and was admitted to Clonskeagh as a Suspected case of Smallpox. On admission there was no evidence of any rash on body. He was vaccinated in Wales on two occasions, but the vaccination did not take. He had a Streptococcal Throat which was bacteriologically confirmed. He was vaccinated in Clonskeagh on admission and it eventually proved successful and he was discharged.
10. A sailor from SS 'Oronsay' in contact with a case of Variola Minor. Vaccinated before admission. He had well marked scars of previous vaccinations. He did not develop any rash and was subsequently discharged.

11. A girl of 11 years who had arrived from Ontario. She was vaccinated 16 days prior to admission. She had a sharp attack of Papular Urticaria. The scars of a previous attack of Chickenpox were present in Centripedal distribution. She was discharged shortly after admission.
12. Patient was admitted from a Maternity Hospital—She had been under treatment for a threatened abortion which was completed. She developed a rash on her face and body and was admitted as a case of Smallpox. She had a confluent multiforme rash on extremities, hands, feet and soles, and face. It was a clinical case of allergy, probably due to drugs. No papules or vesicles seen. She was discharged from isolation next day.

TRANSFER OF CASES TO OTHER HOSPITALS

Mercer's Hospital :

One case of Intestinal Obstruction; Two cases of Acute Appendicitis;
One case of Colitis; One case of Peritonitis.

Children's Hospital, Temple Street :

One case of Acute Peritonitis; One case of Pyloric Stenosis; One case of Acute Abdomen; One case of Anaemia.

Children's Hospital, Harcourt Street :

One case of Pyloric Stenosis; One case of Coeliac Disease; One case of Marasmus.

Our Lady's Hospital, Crumlin :

One case of Intestinal Obstruction; One case of Coeliac Disease.

Sunshine Home, Stillorgan :

One convalescent case of Influenzal Pneumonia; One convalescent case of Enteritis.

St. Kevin's Hospital :

One case of deep-seated Cervical Abscess.

St. Brendan's Hospital :

One case of Toxic Psychosis.

Sir Patrick Dun's Hospital :

One case of Bronchogenic Carcinoma.

St. Laurence's Hospital :

One case of ? Brain Tumour.

St. Ultan's Hospital :

One case of Marasmus.

Royal Victoria Eye and Ear Hospital :

One case of Nystagmus.

ADMISSIONS

1939	....	....	593
1940	....	....	744
1941	....	....	1,144
1942	....	....	1,146
1943	....	....	1,348
1944	....	....	1,591
1945	....	....	1,303
1946	....	....	1,106
1947	....	....	1,407
1948	....	....	2,245
1949	....	....	1,808
1950	....	....	1,898
1951	....	....	1,569
1952	....	....	1,611
1953	....	....	1,817
1954	....	....	1,697
1955	....	....	1,913
1956	....	....	1,680
1957	....	....	1,401
1958	....	....	1,180
1959	....	....	1,275
1960	....	....	1,190
1961	....	....	1,147
1962	....	....	1,257

CHERRY ORCHARD HOSPITAL

F. C. O'HERLIHY,

Resident Medical Superintendent

During the year ending 31st December, 1962, 2,620 patients were admitted, to the wards from Dublin City and County and 2,575 were discharged. There were 45 deaths, giving a general case fatality rate of 1.72%.

The only major epidemiological feature in the year under review was a marked increase in the number of infants with gastro-enteritis admitted to the wards. Although there has been a steady annual increase in the number of admissions of this disease in recent years, the figure 698 cases is the highest on record and exceeds the figure for 1961 by 225.

It is pleasing to be able to record a reduction in the number of diphtheritic infections admitted to the Hospital in the year 1962—only 13 cases, three of whom were carriers, were admitted. This is the lowest figure since 1955.

ANTERIOR POLIOMYELITIS, ENCEPHALITIS AND OTHER INFECTIONS OF C.N.S.

There were 16 cases of poliomyelitis admitted during the year, all of whom recovered.

The classification of the cases treated is shown in the following table :

TABLE I.

VARIETY	No. of Cases	Deaths	Case Fatality per cent
Paralytic (one or more limbs affected)	13	0	—
Respiratory (diaphragm and/or intercostals affected)	2	0	—
Bulbar (pharyngeal paralysis)	—	—	—
Respiratory and Bulbar paralysis	—	—	—
Abortive	1	0	—
TOTALS	16	0	—

The age grouping of the poliomyelitis cases is shown in the following table :—

TABLE II

	Years 0—1	Years 1—5	Years 5—10	Years 10—15	Years 15—25	Years 25—45	Years over 45	Totals
Recovered :								
Male	—	5	2	—	1	—	—	8
Female	2	5	—	—	—	1	1	8
TOTALS	2	10	2	—	1	—	1	16

Three of the cases were Type I and there was one case each of Type II and Type III.

Two cases of infective polyneuritis and 1 case of encephalomyelitis were treated in the wards during the year, all of whom recovered.

The one case of encephalitis admitted (a child of 3 years 3 months) died.

MEASLES

There were 158 cases of measles and its complications admitted to the wards, 1 of whom died, a case fatality rate of 0.63%.

The fatal case of measles, a child of 8½ years, was complicated by encephalomyelitis and died fifteen days after admission.

Four of the cases who recovered had other conditions in addition to measles, viz. chickenpox (2) and lobar pneumonia (2).

Of the 157 cases who recovered 38 manifested one or more complications. The complications numbered 43 in all and were classified as follows :—

Bronchopneumonia	11
Conjunctivitis, blepharitis and other eye conditions	10
Rhinitis	7
Gastro-Enteritis	6
Otorrhoea	3
Laryngotracheobronchitis	2
Convulsions	2
Encephalomyelitis	1
Encephalitis	1

WHOOPING COUGH

There were 45 cases of whooping cough treated in the wards, all of whom recovered.

One of the cases had chickenpox in addition to whooping cough.

The following 11 complications occurred among the 45 cases treated.

Gastro-enteritis	....	....	....	....	....	6
Bronchopneumonia	....	....	....	....	....	2
Rhinitis	....	....	....	....	....	2
Ulcerative stomatitis	....	....	....	....	....	1

The age grouping of the whooping cough cases is set out in Table III.

TABLE III

	Months 0—6	6 Mths. to 1 Year	Years 1—2	Years 2—5	Over 5 years	Totals
RECOVERED :						
Male	8	5	2	5	2	22
Female	8	7	5	2	1	23
TOTALS	16	12	7	7	3	45

DIPHTHERIA

During the year 13 cases of diptheritic infection were admitted to the wards, of whom 3 were carriers, leaving 10 cases of clinical diphtheria. Of the latter 1 died, which gives a case fatality rate of 10.00%.

The fatal case, a child of 6 years, was of the gravis type and died from early severe heart failure eighteen hours after admission.

The following table shows the frequency and fatality of the different varieties of diphtheria treated in 1962.

TABLE IV

VARIETY	No. of Cases	No. of Deaths	Case Mortality per cent
Faucial (F)	9	1	11.11
Nasopharyngeal (F & N)	1	0	—
Carriers	3	0	—
TOTALS	13	1	7.69

Two of the cases treated suffered from diphtheritic paralysis, viz. palatal paresis and peripheral paresis (1) and peripheral paresis (1).

In 3 cases cardiovascular failure occurred and in 1 it was of the severe type. The fatal case this year died from this cause. The remaining 2 cases, presenting slighter cardiac complications, eventually recovered.

The age grouping of the diphtheria cases is set out in Table V.

TABLE V

	Years 0—5	Years 5—10	Years 10—15	Years 15—20	Years 20—25	Years 25—45	Years over 45	Totals
RECOVERED :								
Male	1	3	—	—	—	—	—	4
Female	2	3	2	1	—	—	—	8
DIED :								
Male	—	1	—	—	—	—	—	1
Female	—	—	—	—	—	—	—	0
TOTALS	3	7	2	1	—	—	—	13

ENTERITIS AND GASTRO-ENTERITIS

There were 698 cases of gastro-enteritis treated during the year, of whom 14 died, a case fatality rate of 2.01%.

Twelve of the 14 fatal cases of gastro-enteritis were of the fulminating type and 7 of these died within 18 hours of admission. The remaining two fatal cases had bronchopneumonia in addition to gastro-enteritis.

The age grouping is set out in the following table :—

TABLE VI

	1 month and under	Over 1 month and under 1 year	1—2 years	Over 2 years	Totals
RECOVERED :					
Male	18	254	71	47	390
Female	11	191	55	37	294
DIED :					
Male	5	3	1	—	9
Female	1	3	—	1	5
TOTALS	35	451	127	85	698

BACTERIAL FOOD POISONING AND OTHER INFECTIONS

There were 125 cases admitted, of whom 2 died, a case fatality rate of 1.60%.

The two fatal cases, both classified as acute entero-colitis, were aged 2 years and 3 years 11 months, respectively, the latter only surviving admission by fourteen hours.

The infections were classified as follows :—

Bacillary dysentery (Sh. Sonnei)	....	....	15
Bacillary dysentery (Sh. Flexneri)	....	....	3
S. Typhimurium (Aertrycke)	....	....	2
Salmonellosis (Newport)	....	....	1
Salmonellosis Non-specific	....	....	1
Food Poisoning	....	....	1
Acute Enterocolitis (no organism isolated)	....	102	

The age incidence was as follows :—

TABLE VII

	Years 0—5	Years 5—10	Years 10—15	Years 15—25	Years 25—45	Years over 45	Totals
RECOVERED :							
Male	15	20	7	5	8	7	62
Female	16	16	7	5	7	10	61
DIED :							
Male	1	—	—	—	—	—	1
Female	1	—	—	—	—	—	1
TOTALS	33	36	14	10	15	17	125

TABLE VIII

Showing the number of Admissions of the Principal Diseases and the number of Deaths amongst the Cases admitted from Dublin City and County during the year ending 31st December, 1962.

Disease	No. of Admissions	No. of Deaths	Case Fatality %
Scarlet Fever	134	—	—
Diphtheria (including 3 carriers)	13	1	7·69
Measles (and complications)	158	1	0·63
Whooping Cough (and complications)	45	—	—
Erysipelas	14	—	—
Enteric Fever	9	—	—
Puerperal Sepsis	3	—	—
Lobar Pneumonia	20	—	—
Bronchopneumonia	46	8	17·39
Influenza	114	—	—
Influenzal Pneumonia	1	1	100·00
Tuberculous Meningitis	3	—	—
Meningococcal Meningitis	3	—	—
Pneumococcal Meningitis	5	—	—
Friedlanders Meningitis	2	—	—
Influenzal Meningitis	1	—	—
Staphylococcal Meningitis	1	—	—
Lymphocytic Meningitis	32	—	—
Pyogenic Meningitis (No organism isolated)	10	—	—
Rubella	99	—	—
Mumps	88	—	—
Chickenpox	124	—	—
Acute Anterior Poliomyelitis	16	—	—
Encephalitis and other infections of C.N.S.	4	1	25·00
Gastro-Enteritis	698	14	2·01
Tuberculosis (non-meningitic)	4	—	—
Tonsillitis and Quinsy	268	—	—
Vincent's Angina	2	—	—
Food Poisoning	125	2	1·60
Infective Hepatitis	107	1	0·93
Infectious Mononucleosis	31	—	—
Brucellosis	4	—	—
Virus Pneumonia and Laryngo-tracheobronchitis	1	1	100·00
Salm. infection of chronic osteomyelitis sinus	1	—	—
Other Diseases (non-infectious conditions)	434	15*	3·46
TOTALS	2,620	45	1·72

*Deaths Subarachnoid haemorrhage	2
Tetanus	1
Laryngotracheobronchitis	1
Acute Asthmatic bronchitis	1
Acute Asthmatic bronchitis, hypertension and myocarditis	1
Toxic myocarditis and streptococcal sore throat	1
Carcinoma of the lung, transverse myelitis and chronic phthisis	1
Erythema multiforme and pulmonary embolism	1
Convulsions and tetany	1
Septicaemia and septic arthritis	1
Catarrhal laryngitis	1
Acute Bronchitis and congenital heart	1
Coronary thrombosis, generalised arteriosclerosis and chronic bronchitis and emphysema	1
Acute coronary insufficiency, arterio sclerosis of coronary arteries and aorta	1

TUBERCULOSIS CLINICS

COLM S. GALLAN,

Asst. City Medical Officer

Deaths from all forms of tuberculosis registered as occurring in Dublin City patients in 1962 total 71. The steady fall, noted in these figures since the immediate post war period, (there were 434 deaths registered in 1951) levelled off for the last three years at the region of 100. This year's figure of 71 therefore represents a reduction of 25% on the expected number. As will be seen when the age/sex distribution of these cases is discussed there are many factors involved in this drop and there is no firm basis of belief that from year to year the figures will not increase again.

DEATHS

	Male	Female	Total
Pulmonary Disease	49	18	67
Non-Pulmonary Disease	—	2	2
Meningitis	1	1	2
Total	50	21	71

Pulmonary disease deaths among males result in such small figures when broken into 5 year age groups that comment is made difficult. Heretofore, there has been a definitely obvious peak around the 64 age group of over 10 patients. Now the highest figure is seven three times and this is flanked by a six and a five so that it is hardly reasonable to say more than, as last year, that the risk is spreading over the older age segments more or less equally. Clinically there is a co-relation here as most of these deaths are cardiac ones anyhow arising through terminal cor pulmonale in an old chronic tuberculosis patient so the impact of acute respiratory crises such as bronchitis and 'flu wreak their heaviest toll in the older male patient.

The female division shows even a more difficult picture because here the largest total in a division is four. Similar conclusions can be drawn here to the males. The youngest death occurred here and was a 23 year chronic disease patient who had been under treatment for a long time.

Non pulmonary disease accounted for two deaths, both in females, one recorded as Renal disease and the other as Adenitis.

Of the two meningitis deaths one was a 14 year old male who had been diagnosed only after many months of chronic illness and the other was a three year old female.

Among these patients who died during the year we have recorded resistant organisms having been excreted in the past in 16. This is a gross percentage of 22% of all deaths. The resistance pattern to drugs was as below.

Streptomycin	....	4	S.P.I.	....	6
S.I.	....	5	Isoniazid	....	1

The fact that less than one quarter of our deaths have previously excreted resistant organisms only reinforces the opinion previously remarked on in these reports that a large proportion of "tuberculosis" deaths are really cardio-vascular in fact.

TUBERCULOSIS DEATHS 1962

	0—1	—2	—3	—4	—5	—9	—14	—19	—24	—29	—34	—39	—44	—49	—54	—59	—64	—69	—74	—79	—84	Totals
PULMONARY T.B. Male	—	—	—	—	—	—	—	—	—	1	3	3	6	1	7	5	7	7	6	3	—	49
Female	—	—	—	—	—	—	—	—	1	—	1	—	2	1	2	1	3	1	4	1	1	18
67																						
NON-PULMONARY T.B. Male	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Female	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	2
2																						
MENINGITIS Male	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Female	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
2																						
TOTALS	—	—	1	—	—	—	—	1	1	1	5	3	8	2	10	6	10	8	10	4	1	—
71																						

NEW DIAGNOSIS OF TUBERCULOSIS

In 1962 the proportion of males to females among the new pulmonary tuberculosis diagnosis coming under notice was approximately 3 to 2 in favour of the males. This has been regular finding from year to year. Last year comment was made on the sex specific variations found in previous inter year periods between numbers of new cases recorded. It was shown that over the past eight years a 6% per annum drop for males and a 9% per annum drop for females was the average. At 304 cases, the males this year show a drop of 7% over last year while the females remain almost exactly (191 as against 190 in 1961) the same.

In five year groupings the male cases are very evenly distributed up to the 65 year age at very nearly 10% per five year period. As a comparison with last year's statement in 1962, 53.4% of the cases occurred between 35 and 64 years (60% in 1961) and 35.8% between 15 and 34 years (31% in 1961) which points rather to our male pulmonary cases remaining still a grave hazard to the young adult groupings.

Severity studies show that unilateral non cavitary disease and lesser conditions (pleurisy, etc.) account for 41% which figure, when the bilateral non-cavitary disease is added, increases to 66%. In the males there fore nearly two-thirds of the cases are eminently treatable when coming under notice. A parallel exists with the bacteriological findings, only 39% of cases presently with excretion of tubercle bacilli.

Among the female cases, for the first time we note this year the apparent flattening of the traditional peak at 20-29 age group. Instead the percentage incidence of cases in 5 year groups from 15 upwards is almost a straight line at approximately $12\frac{1}{2}\%$ up to 44 years. After this age the percentage drops off as is usual in the females. It may be too much to hope that this finding is more than just a quirk of statistics but it is a fact that in other areas whose figures go back over a long period the first indication that the condition was coming under real control was when the 20-29 years peak first flattens and then disappears altogether. Let us hope this is our position today.

Disease severity among the females is also pleasing. 54% are unilateral non cavitary and lesser conditions, while a further 17% of bilateral non cavitary disease bring this division to 71% of the cases. 23% positivity is in line with this finding leaving the new cases less of a worry than they very well might be if only numbers were the criterion.

Among the females there was quite a notable emphasis on pleurisies which accounted for 16 cases (8.4%) and together with Primary Disease, 7 cases, resulted in 12% of the complete total. The males on the other hand show only 2.0% primary and 4.8% pleurisy though in case total the males register 20.

NON PULMONARY CASES

Non pulmonary disease totals are this year identical in the gross with 1961 but in sex incidence the females have increased markedly over the males. Last year there were 53 male and 63 female.

Two figures in the breakdown ask for comment. Among the females 26 cases or 34% of the total are cervical adenitis. The age distribution while concentrated in the earlier ages nevertheless stretches out to one case over seventy years old. It would be interesting to know how many of the earlier aged patients have had this adenitis as a direct result of their tuberculin skin conversion and are really cases of Primary tuberculosis, of Tonsil and Cervical Gland.

The other interesting figure concerns Renal Tuberculosis.

% of Non-Pulmonary Cases in	RENAL CASES DIAGNOSED IN YEARS			
	Male	Patients	Female	Patients
1962	57.1%	24	19.2%	14
1961	38%	20	13%	8
1960	35%	15	16.2%	11
1959	39.2%	20	12.4%	13
1958	41.1%	22	11.1%	8
1957	28.9%	13	11.3%	11

Above can be scen in tabular form the renal cases reported each year since 1957. The malerenal cases have been steady around approximately 40% and 20 cases for the period but this year make up 57% with 24 cases. A corresponding increase has been recorded in the female renal cases too. It is possible that these cases are a result of the bacillaemia of a non diagnosed late primary tuberculosis in adult life.

These two sets of figures especially when taken in conjunction with the figures for adult primary disease and pleurisy already noted point to the advisability of a comprehensive investigation on a continuous plan of the skin reaction of as many of our children and young adults as is feasible; a continuous tuberculin survey in fact being carried out on the same people at regular intervals with the results carefully collated and compared.

As has been mentioned regularly in the past the incidence of the combined Abdominal and Genital disease in females remains disturbingly high, this year it makes up nearly a quarter of the female non pulmonary cases and represents a great amount of damage when viewed as a cause of sterility in later life.

TABLE SHOWING NEW CASES OF PULMONARY TUBERCULOSIS IN AGE GROUPS AND INFECTIVITY ON DIAGNOSIS.

1962—MALE

	15—19	20—24	24 25—29	30—34	35—39	40—44	45—49	50—54	55—59	60—64	65—69	70—	Total	%
Positive Direct	—	9	5	3	7	11	3	3	8	10	3	4	66	21·6
Positive Culture	1	5	3	4	3	4	3	5	2	4	1	1	36	11·5
Positive L. Swab	—	3	1	3	—	—	3	1	—	2	—	7	20	6·5
Negative Direct, no sputum, etc.	13	16	18	11	16	12	17	17	6	11	8	5	150	49·9
Negative Culture	1	2	3	2	3	1	1	1	2	5	3	1	25	8·3
Negative L. Swab	1	1	3	1	—	—	—	—	1	—	—	—	7	2·2
TOTALS	16	36	33	24	29	28	27	27	19	32	15	18	304	100·0

PATHOLOGICAL TYPE CLASSIFICATION

PRIMARY DISEASE :	2	2	—	—	—	—	—	—	—	—	—	—	4	1·3
(a) Bipolar	—	—	2	—	—	—	—	—	—	—	—	—	2	0·6
(b) Unipolar	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Unipolar with lung inf.	1	4	2	2	2	1	—	—	—	1	—	1	14	4·8
Pleural Effusion	8	16	14	9	8	4	10	11	5	12	4	4	105	34·5
Unilateral Disease	2	6	6	4	12	9	6	5	6	7	4	7	74	24·3
Bilateral Disease	3	3	5	4	2	6	5	3	2	5	4	3	45	14·8
Unilateral Disease with unilateral cavitation	—	5	2	4	3	6	4	5	3	4	1	1	38	12·1
Bilateral Disease with unilateral cavitation	—	—	2	1	1	2	2	3	3	3	2	2	21	7·2
Bilateral Disease with bilateral cavitation	—	—	—	—	—	—	—	—	—	—	—	—	1	0·4
Miliary Disease	16	36	33	24	29	28	27	27	19	32	15	18	304	100·0
TOTALS	5·4	11·9	10·6	7·9	9·3	9·2	9·1	9·1	6·2	10·5	4·9	5·9	304	100·0
Percentage														

TABLE SHOWING NEW CASES OF PULMONARY TUBERCULOSIS IN AGE GROUPS AND INFECTIVITY ON DIAGNOSIS.

1962—FEMALE.

	15—19	20—24	25—29	30—34	35—39	40—44	45—49	50—54	55—59	60—64	65—69	70—	Total	%
Positive Direct	1	1	1	1	2	1	5	4	—	1	1	1	19	10.0
Positive Culture	1	1	—	2	2	2	4	—	1	1	1	1	16	8.3
Positive L. Swab	2	—	2	—	1	2	—	—	—	1	1	—	9	4.9
Neg. Direct, No Sputum, etc.	19	23	19	11	13	16	4	4	5	6	2	4	126	66.0
Negative Culture	3	2	2	2	2	2	1	1	1	—	—	—	16	8.3
Negative L. Swab	—	1	1	1	2	—	—	—	—	—	—	—	5	2.5
TOTALS	26	28	25	17	22	23	14	9	7	9	5	6	191	100.0

PATHOLOGICAL TYPE CLASSIFICATION

PRIMARY DISEASE :	2	2	—	—	—	—	—	—	—	—	—	—	4	2.1
(a) Bipolar	—	1	1	1	—	—	—	—	—	—	—	—	3	1.5
(b) Unipolar	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Unipolar with lung inf.	3	4	2	3	2	1	1	—	—	—	—	—	16	8.4
Pleural Effusion	14	8	13	4	10	8	4	3	3	6	3	3	79	41.6
Unilateral Disease	1	4	5	3	5	3	3	2	2	1	2	1	32	16.4
Bilateral Disease	2	6	3	2	1	4	2	2	—	—	—	2	24	12.5
Unilateral Disease with unilateral cavitation	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bilateral disease with unilateral cavitation	4	1	1	3	4	5	2	2	1	1	—	—	24	12.5
Bilateral Disease with bilateral cavitation	—	2	—	1	—	2	—	—	1	1	—	—	7	3.65
Miliary Disease	—	—	—	—	—	—	2	—	—	—	—	—	2	1.05
TOTALS	26	28	25	17	22	23	14	9	7	9	5	6	191	100.0
PERCENTAGE	13.4	14.6	13.3	8.8	11.5	12.4	7.3	4.7	3.6	4.7	2.6	3.1	—	—

TABLE SHOWING NEW CASES OF NON-PULMONARY TUBERCULOSIS IN AGE GROUPS AND SITE OF INFECTION.

MALE, 1962		15—19	20—24	25—29	30—34	35—39	40—44	45—49	50—54	55—59	60—64	65—69	70—	Total	%
Meningitis	....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Abdominal	....	—	—	—	—	—	—	—	—	1	—	—	—	1	2.4
Bones and Joints :		—	—	—	—	—	—	—	—	—	—	1	—	1	2.4
(a) Spine	....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Hip	....	—	—	2	—	—	—	—	—	—	—	—	—	3	7.0
(c) Knee	....	—	1	—	—	—	2	—	1	—	—	—	—	5	11.95
(d) Other Joints	....	—	2	—	—	—	—	—	—	—	—	—	—	5	11.95
Cervical glands	....	2	—	2	—	1	—	2	2	—	—	—	—	24	57.1
Genito-urinary	....	2	3	4	3	3	4	—	—	1	—	—	—	1	2.4
Erythema Nodosum	....	—	1	—	—	—	—	—	—	—	—	—	—	1	2.4
Other forms	....	—	—	—	—	1	—	—	—	—	—	—	—	1	2.4
Addisons	....	—	1	—	—	—	—	—	—	—	—	—	—	1	2.4
TOTALS	....	4	8	8	3	5	6	2	3	2	—	1	—	42	100.0
%		9.6	19.1	19.1	7.1	12.0	14.3	4.7	7.1	4.7	—	2.3	—		
FEMALE, 1962															
Meningitis	....	—	1	1	—	—	—	—	—	—	—	—	—	2	2.6
Abdominal	....	—	3	1	1	—	—	—	—	—	—	—	—	5	6.6
Genital	....	—	5	4	2	1	1	—	—	—	—	—	—	13	17.29
Bones and Joints :		—	—	—	—	—	—	—	—	—	—	—	—	—	—
(a) Spine	....	—	—	1	2	1	—	—	1	—	—	—	—	5	6.6
(b) Hip	....	—	—	—	—	—	2	—	—	—	—	—	—	2	2.6
(c) Knee	....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Other Joints	....	—	—	1	—	—	—	—	—	—	—	—	1	2	2.6
Renal	....	3	1	1	1	2	2	1	3	—	—	—	—	14	19.14
Cervical glands	....	5	5	1	5	1	1	1	—	3	1	2	1	26	34.58
Erythema Nodosum	....	—	—	1	—	—	—	—	—	—	—	—	—	1	1.33
Other Skin	....	—	—	—	2	—	—	—	1	—	1	—	—	4	5.33
Adrenal	....	—	—	—	—	—	—	—	—	—	—	1	—	1	1.33
TOTALS	....	8	15	11	13	5	6	2	5	3	2	3	2	75	100.0
PERCENTAGE		10.64	20.00	14.63	17.29	6.65	7.98	2.66	6.65	3.99	2.66	3.99	2.66	—	—

NEW TUBERCULOSIS DIAGNOSIS 1953-'62—GROSS FIGURES.

	M	Pul- monary	F	Non- Pulmonary		Total	Primary Clinic	Deaths Total
				M	F			
1953		1,143		200		1,343	534	268
1954	542		490	68	100	1,200	490	236
1955	551		406	104	81	1,142	400	154
1956	451		402	45	76	974	319	149
1957	403		343	45	97	888	278	139
1958	383		268	56	72	779	229,	122
1959	373		259	51	105	788	269	99
1960	371		217	43	68	699	110	105
1961	326		190	52	64	632	162	109
1962	304		191	42	75	612	149	71

DISCOVERY OF NEW CASES

Hospital or Sanatorium	....	....	51%
Applied	....	....	—%
Transferred into the Area	....	....	5%
Private Doctor	....	....	25%
Contact Investigation	....	....	3%
Mass Radiography	....	....	16%

The sources from which new patients reach the clinic are set out for the year in the above table. This year though the private doctor referrals have dropped those designated Hospital have jumped—the combined total being not much greater than last year's total making up just over three quarters of the cases. Each year the figure recorded under contact comes in for criticism being very low. I feel that this is more the result of difficulty defining when this division should be used. The vast majority of our adult contacts are investigated (being at work) either at Mass Radiography sessions or in General Hospital and so appear under these headings.

DOMICILIARY AND AMBULANT THERAPY

S.P.I.	....	434	I. ....	....	16
P.I.	....	690	P.	....	3
S.P.	....	4	T.	....	1
S.I.	....	11	Isoxyl	....	2
S.	....	8			
		TOTAL	....	1,169	

At 1,169 the total number of patients recorded as on Domiciliary Chemotherapy continues the downward trend noted last year. The use of minor drugs has practically disappeared and this is a pointer to the reduction in current cases having resistant organisms in their systems. One minor drug Isoxyl a carbanilide had come into use towards the end of the year. It is of use in cases where P.A.S. is not well tolerated. It is to be noted too that the utilization of triple drug therapy domiciliarly would appear to be giving way to P.A.S. and I.N.A.H. regimens.

	1954	1955	1956	1957	1958	1959	1960	1961	1962
A.P. and P.P. Refills	9,395	5,575	1,698	769	Two visitors only	—	—	—	—
Chemo-therapy	3,339	11,810	16,684	15,963	14,493	14,090	23,339	29,765	25,035

It becomes almost unnecessary to remark that air replacement therapy has disappeared. For the fourth consecutive year now no patients have been so treated in the Clinics. At 25,035 though the figure is less than last year the number of Streptomycin injections is still in the region of double the 1959 figure. No doubt there will be a slow drop from year to year in this figure reflecting the lessening of the numbers of cases which are in need of prolonged domiciliary antibiotic treatment.

**TOTAL PATIENTS WITH DRUG RESISTANCE ON REGISTER
DECEMBER 31st, 1962.**

Streptomycin	P.A.S.	I.N.A.H.	108	Patients	45%	resistant to 3 drugs
Streptomycin			49	„		
	P.A.S.		3	„	35%	„ „ 1 drug
		I.N.A.H.	34	„		
Streptomycin	P.A.S.		12	„		
Streptomycin		I.N.A.H.	26	„	15%	„ „ 2 drugs
	P.A.S.	I.N.A.H.	8	„	15%	„ „ 2 drugs
<hr/>						
	195	131	172	240 patients		
<hr/>						
	81%	54%	71%			

The total number of patients remaining on the Register on 31st December 1962 who have been recorded as having excreted at any time, organisms in sputum resistant to one or other of the standard anti tuberculosis drugs is 240. Below I give a comparative table over the last three years. It will be noted that, whereas the total figure remains more or less stable, the individual resistance pattern of the patients shows a shift towards the three drug resistance and away from the single drug state. This is to be expected. A patient who exhibits one drug resistance immediately loses one guard in his armoury against the bacterium and is therefore, more likely to develop resistance to one or more other drugs still being used in his case. The static total is also to be expected, in fact it would be reasonable to expect a slight tendency to a reduction in the future in view of the very small number of resistant patients who came under notice during the year, though this will depend on the death numbers remaining low in the future.

YEAR	Total Registered Resistant Patients	Percentage Resistant to		
		Three Drugs	Two Drugs	One Drug
1959	243	40	22	38
1960	255	40	17	42
1961	240	45	15	35

From an epidemiological point of view it is to be remembered that, of these 240 patients, only 62, or just over a quarter, are current excretors of positive sputum, which makes the problem rather less serious than it might otherwise be.

PATIENTS WHOSE DRUG RESISTANCE FIRST CAME UNDER NOTICE IN 1962.

Streptomycin	P.A.S.	I.N.A.H.	3 Patients	22%	resistant to 3 drugs		
Streptomycin			2	„			
	P.A.S.		—	„			
		I.N.A.H.	4	„	43%	„	1 drug
Streptomycin	P.A.S.		—	„			
Streptomycin		I.N.A.H.	4	„			
	P.A.S.	I.N.A.H.	1	„	35%	„	2 drugs
9	4	12	14 patients				
64%	28%	80%					

For the last three years the total number of patients coming under notice as having excreted for the first time during the year tubercle bacilli resistant to the standard anti tuberculosis drugs either in combination or singly, has remained in the region of 50 patients. During 1962 this figure has fallen drastically. Only 14 patients have been recorded resistant for the first time during the year 1962. 64% (9) showed resistance to Streptomycin, 28% (4) to P.A.S. and 80% (12) to I.N.A.H. Viewed from the patient angle, 22% (3 patients) were resistant to all three drugs, 43% (6 patients) to one drug and 35% (5 patients) to two drugs. These figures are a variant on last years but when the numbers are so small quotation of % rates are rather more academic than practical.

It is further recorded that among these patients only two showed resistant organisms with no history of previous treatment. It is of note that one patient was a previously un-cooperative contact of his father who excreted organisms of the same resistance pattern as occurred in the patient subsequently; a presumptive case of exogenous infection with a resistant strain. In the other case only one specimen of sputum yielded a positive culture. This proved resistant to Streptomycin only. The patient has never had a further positive examination so the designation of this case is only technically a Primary Resistant.

**POSITIVE CASES OF PULMONARY TUBERCULOSIS WHO HAD
RECEIVED NO SUBSEQUENT SANATORIUM TREATMENT BEFORE
THE 31st DECEMBER, 1962**

	Male	Female	Total	Total Pulmonary	%
1956	92	43	135	6,324	2.1
1957	69	36	105	6,100	1.7
1958	59	22	81	5,932	1.3
1959	67	26	93	5,561	1.6
1960	49	21	70	5,050	1.4
1961	26	13	39	4,754	0.82
1962	11	10	21	4,123	0.50

The total number of pulmonary cases on the Register whose last sputum examination reported before the end of the year proved positive and who subsequent to that report had not entered a Sanatorium by December 31st has again fallen steeply. 21 such cases are recorded. In seven years therefore the infectivity pool in the city has contracted to nearly one seventh of its magnitude. In last year's report the presence of resistant organism carriers among these patients made up nearly half the 39 then recorded (16 patients actually). This year this figure has also

been drastically reduced. Only three of the twenty one positive patients have been recorded as having excreted resistant organisms, two to Streptomycin, PAS and INAH and one to INAH only.

This represents a six fold drop in the percentage of pulmonary cases on the Register since 1956 i.e. 0.5% of the pulmonary cases on the Register at the end of 1962 have positive sputum and are not in Sanatorium. This figure does not point to a large resevoir of infectiousness in the city.

WAITING LIST

Apart from one or two days in the early part of February when a rush of intercurrent respiratory disease caused some strain on beds the heading above is a complete misnomer. Not since 1954 has there been any real difficulty in finding bed accomodation for the tuberculosis patients in need of it in the service. When it is realised that a considerable proportion of the beds in our Sanatoria are occupied by non Dublin Health Authority patients the position is even more satisfactory, and this despite the closure of 55 beds in St. Mary's Hospital during the latter part of the year to Tuberculosis admissions.

TABLE SHOWING ATTENDANCES AT THE CLINICS DURING EACH MONTH OF THE YEAR 1962.

Month	Charles Street Clinic	Nicholas Street Clinic	Crumlin Clinic	Primary Clinic	Total
January	1,237	987	460	683	3,367
February	999	775	374	526	2,674
March	1,058	817	392	584	2,851
April	1,131	691	381	514	2,717
May	1,214	826	443	529	3,012
June	1,053	665	408	559	2,685
July	1,056	692	442	566	2,756
August	1,171	681	426	583	2,861
September	1,115	675	390	522	2,702
October	1,215	720	503	537	2,975
November	1,130	771	416	468	2,785
December	806	607	334	514	2,261
TOTAL	13,185	8,907	4,969	6,585	33,646

TABLE SHOWING NEW ATTENDANCES AT THE CLINICS DURING
EACH MONTH OF THE YEAR 1962.

Month	Charles Street Clinic	Nicholas Street Clinic	Crumlin Clinic	Primary Clinic	Total
January	67	29	15	25	136
February	110	60	9	71	250
March	67	45	12	77	201
April	100	35	11	72	218
May	122	47	17	108	294
June	89	43	11	89	232
July	74	35	13	50	172
August	98	40	13	89	240
September	60	39	6	72	177
October	104	23	5	61	193
November	53	28	7	69	157
December	58	25	10	42	135
TOTALS	1,002	449	129	825	2,405

Number of Dwellings notified for Disinfection 686

Number of X-rays taken in Charles St. Clinic 5,798

Number of X-rays taken in Crumlin Health Centre 1,551

Number of X-rays taken in Lord Edward St.
(Adults for Nicholas St. Clinic) 1,798

Number of X-rays taken in Lord Edward St.
(Children) 1,133

The Oto-Laryngologist, Mr. C. D. O'Connell, held 51 sessions at Charles Street Clinic and there were 1,040 attendances.

The Orthopaedic Surgeon, Mr. D. P. Murray held 23 sessions at Charles Street Clinic and there were 133 attendances.

Mr. J. B. Casey, Surgeon Dentist, held 101 sessions at Charles Street Clinic and there were 914 attendances.

TABLE SHOWING NEW CASES OF TUBERCULOSIS IN CHILDREN BY AGE GROUPS AND SITE OF DISEASE

	MALE							FEMALE								
	-1	-2	-3	-4	-5	5-9	10-14	Total	-1	-2	-3	-4	-5	5-9	10-14	Total
Bipolar Primary Complex	4	2	1	2	—	2	—	11	2	—	1	1	1	3	—	8
Unipolar Primary :																
(a) Hilar Lymph Node enlargement	1	3	6	4	—	18	13	45	2	4	5	3	2	22	13	51
(b) Primary Pulmonary lesion	—	—	—	—	—	4	3	7	—	1	—	1	—	2	2	6
Pleural Effusion	—	—	—	1	—	—	3	4	—	—	—	—	—	4	2	7
Miliary Disease	—	—	—	—	—	1	—	1	—	—	—	—	—	—	1	1
Adult Disease	—	—	—	—	—	1	1	2	—	—	—	—	—	—	3	3
Pulmonary Disease Totals	5	5	7	7	—	26	20	70	5	5	6	5	3	31	21	76
Meningitis	—	—	—	—	—	1	3	4	—	—	1	—	—	—	—	1
Abdominal	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Spine	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—
Hip	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Knee	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—
Other Joints	—	—	—	—	—	—	1	1	—	—	—	—	—	1	—	1
Cervical Glands	—	—	—	—	—	2	—	2	—	—	—	—	—	—	3	3
Genito urinary	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erythema Nodosum	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Pulmonary Totals	—	—	1	—	—	4	4	9	—	—	1	—	—	1	3	5

KEY : Primary 1A—Hilar Gland Enlargement. Primary 1B—Pulmonary Complex. Primary 1C—Pulmonary Complex with Atelactisis.

PRIMARY CLINIC

During the twelve months ended 31/8/62 a study was carried out at the Primary Clinic under which new pulmonary adult diagnosed cases from all parts of the city had their childhood (under 15 years) contacts referred for examination under standard conditions. Below are tabulated the findings.

Index Cases	....	....	....	....	....	....	121
Total No. Contacts Referred				....	....	....	357
Contacts per Case	....	....	....	....	....	....	2.4
Failed to attend or refused	....	....	....	....	....	....	77
Failure Rate	....	....	....	....	....	....	21%
MORO NEGATIVE :							
Given B.C.G.	....	....	....	....	....	....	112
Failed to return for B.C.G.				....	....	....	36
				TOTAL	....		153
MORO POSITIVE :							
Under 3 years							
Had B.C.G.	....	....	....	....	....	....	13
Diag. Pr. T.B.	....	....	....	....	....	....	5
				TOTAL	....	....	18
Over 3 years							
Had B.C.G.	....	....	....	....	....	....	68
Diag. Pr. T.B.	....	....	....	....	....	....	33
				TOTAL	....	....	113

The first point of note is that the contacts under 15 should only be an average of 2.4 contacts per case. However this is the figure which was collated. Next, even in a scheme where more than a nominal effort at contact coverage was made there was a default of 21%. This figure is too large and means that much greater effort must be put into contact follow up if the ultimate target of having all tuberculosis diagnosed at the stage of conversion of skin test is to be approached.

Of the total examined 153 or 54% proved to have a negative moro skin test while a total of 32 cases of primary tuberculosis was diagnosed among the remainder and, of these, five were under three years of age. These diagnosed cases on age/sex breakdown proved to tend towards the later ages especially in the females where only two out of 18 were under 5 years. This fact coupled with the knowledge that the adolescent female is at very high risk of breakdown after infection during puberty has decided us on the experiment of running an evening clinic for contacts aged from 15—21. This has only been inaugurated early in 1963 and its finding will form part of that years report.

To revert now to routine matters, during the year a total of 160 new childhood cases were diagnosed, made up of 146 pulmonary

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B.C.G. VACCINATION SCHEME

B. M. DUNLEVY,

Assistant City Medical Officer

In compiling an Annual Report on the work of a department, I have an opportunity to review the progress made each year of which I look back on the hill which has been surmounted and which shows the distance still ahead. We have only had over fourteen years steady progress in the prevention of tuberculosis by B.C.G. vaccinations and each year has shown an increase in the number of vaccinations. It will be seen from the following Table that the record figures reported in 1961 were sustained in 1962.

TABLE I

TOTAL NUMBER OF B.C.G. VACCINATIONS EACH YEAR FROM
OCTOBER 1948—DECEMBER 1962 INCLUSIVE

	1948	....	....	....	....	45
	1949	....	....	....	....	858
	1950	....	....	....	....	2,065
	1951	....	....	....	....	4,134
	1952	....	....	....	....	9,023
	1953	....	....	....	....	12,101
	1954	....	....	....	....	11,662
	1955	....	....	....	....	11,672
	1956	....	....	....	....	10,657
-	1957	....	....	....	....	13,112
	1958	....	....	....	....	11,966
—	1959	....	....	....	....	12,928
Janu	1960	....	....	....	....	13,350
Febru	1961	....	....	....	....	14,271
March	1962	....	....	....	....	14,261
Apr	Total	....	....	....	....	142,105

It is unnecessary to reiterate the success of the vaccine as this has been commented upon in previous annual reports. It is sufficient to say that we are pleased with the protection resulting from the use of this prophylactic measure.

During the year 1962 an important survey was made as we wished to ascertain the duration of B.C.G. vaccination protection. One of the every day questions asked by parents is "How long will the vaccination be effective ? " This is an important question which could not be answered by a study of the medical literature. Several reports gave varying figures, so we decided to study our own accumulated records to assess the duration of protection in Dublin City.

We realised that duration varied according to the source of the reports and were different in urban and rural areas. In rural Ireland the National B.C.G. Committee found that up to 16% required revaccination five years after the original vaccination, and in some rural areas 38% required to be revaccinated after seven years.

We knew from our own experience in Dublin that the number requiring revaccinations in the City was much less. In 1962 we set ourselves the task of analysing the number of tests made in each of the four years 1958/61, and subdivided the material according to the number of years which elapsed since vaccination in each case.

The following table summarises the information discovered from this work.

TABLE II

DUBLIN CITY

No. Tested and No. Revaccinated

Time after Vaccination	Number Tested	Number Revacc.	% Negative
2 years 	1,985	34	1.71
3 ,, 	2,650	43	1.62
4 ,, 	1,584	20	1.26
5 ,, 	2,104	37	1.76
6 ,, 	1,941	48	2.47
7 ,, 	1,536	27	1.76
8 ,, 	940	21	2.23
9 ,, 	732	23	3.14
10 ,, 	342	19	5.56
11 ,, 	124	10	8.06
12 ,, 	7	1	Not cal.
	13,945	283	2.03

It will be seen that only 283 of 13,945 persons tested *i.e.*, 2.03% required revaccination.

The next point of value which emerged from the survey is that only 2% of those vaccinated up to eight years previously required revaccination. There was a slight increase in the number of revaccinations of persons vaccinated 9–10 years previously, and a definite increase after an interval of 10–12 years. However, the number analysed in the latter group was small, as most of the children who had been vaccinated ten years previously had left school.

The most important fact is that it is unnecessary, at present, to revaccinate 98% of Dublin children in less than 7–8 years after their original vaccination.

Natural tuberculous infection after B.C.G. vaccination acts as a booster in prolonging the duration of B.C.G. effectiveness. In Dublin the natural infection rate in the 10–14 years age group in 1962 was 21.4% for boys and 18% for girls. Comparative rural figures for 1962 are not available but we know that in some rural areas the infection rate in recent years has been reported to vary from 1% to 10%.

It has been recognised for a long time that the rural infection rate is much less than in urban areas and we believe that natural infection occurring after B.C.G. vaccination prolongs the effectiveness of the vaccine in this City. The following Table states the percentage of natural tuberculin positivity as assessed by tuberculin surveys in Dublin school children (10–14) years age group in 1962.

TABLE III
TUBERCULIN TESTING AND BCG VACCINATION IN DUBLIN SCHOOLS
1962.

(10—14 Years. Inclusive)

Yrs.	Sex	Total Tested	M O R O			Mantoux 10 TU			BCG Vacc.	Percentage	
			Tested	Pos.	Neg.	Tested	Pos.	Neg.		Pos.	Neg.
10	M	582	582	78	504	504	7	497	491	14·6	85·4
	F	639	639	68	571	571	5	566	562	11·4	88·6
		1,221	1,221	146	1,075	1,075	12	1,063	1,053	12·9	87·1
11	M	713	713	100	613	613	5	608	600	14·7	85·3
	F	769	769	87	682	682	10	672	664	12·6	87·4
		1,482	1,482	187	1,295	1,295	15	1,280	1,264	13·8	86·2
12	M	685	685	135	550	550	5	545	533	20·4	79·6
	F	593	593	97	496	496	5	491	487	17·2	82·8
		1,278	1,278	232	1,046	1,046	10	1,036	1,020	18·9	81·1
13	M	399	399	114	285	285	8	277	273	30·5	69·5
	F	269	269	79	190	190	12	178	176	33·9	66·1
		668	668	193	475	475	20	455	449	31·9	68·1
14	M	232	232	97	135	135	10	125	121	46·1	53·9
	F	150	150	62	88	88	13	75	74	50·0	50·0
		382	382	159	223	223	23	200	195	47·6	52·4
Total	M	2,611	2,611	524	2,087	2,087	35	2,052	2,018	21·4	78·6
	F	2,420	2,420	393	2,027	2,027	45	1,982	1,963	18·0	82·0
Grand Total		5,031	5,031	917	4,114	4,114	80	4,034	3,981	19·8	80·2

The percentage of natural tuberculin positive reactors in the 10–14 years age group is worthy of study. Comparison with last year's table shows that in boys there has been no fall in the tuberculin positivity percentage since last year—in girls this figure is 2·8% less than in the 1961 report.

Although the decrease is small comparing 1962 with the previous year, a more pronounced fall is evident if we compare the 1962 figures with those of earlier years—44·5% were tuberculin positive in 1947.

As infection abates we expect that original vaccinations may not be effective for so long a period as at present. With lessening of the booster effect of natural infection it may be necessary to revaccinate more children. This is the position in rural areas where the boosting effect of superinfection is lacking. This must be expected in Dublin sometime in the future. At the present time B.C.G. vaccinations last for at least 7–8 years in the great majority of Dublin children.

One other important fact which emerged from our survey was that children and young adults who previously had been vaccinated in rural areas were often found to require revaccination when they came to reside in Dublin. These incomers from our rural areas are not included in Table II as they were not originally vaccinated in the City. It is remarkable that no less than 283 of these required revaccination. This indicates that rural people emigrating to a city require to be tuberculin tested and revaccinated if they are to overcome the active hazard of tuberculous infection in urban life.

The most rewarding work in the prevention of tuberculosis has been the B.C.G. protection of new borns in the Maternity Hospitals. The next Table indicates the number of B.C.G. vaccinations in this age group in 1962 and in previous years to 1950 when this branch of the work commenced. It will be seen that a new record figure of 6,476 new borns were vaccinated in 1962. This shows a splendid parental response which has been stimulated by the staffs of the Maternity Hospitals. Owing to their valuable co-operation, as seen from the following table, a group of over 45,000 children now under 12 years of age have been successfully safeguarded by B.C.G. vaccinations. The success of this is shown in the reduced incidence of tuberculosis in childhood and freedom from the one time dreaded tuberculous meningitis.

TABLE IV

TOTAL NUMBER OF NEW BORN INFANTS VACCINATED IN
MATERNITY HOSPITALS EACH YEAR SINCE 1950

1950	....	....	....	....	19
1951	....	....	....	....	749
1952	....	....	....	....	1,583
1953	....	....	....	....	1,911
1954	....	....	....	....	2,041
1955	....	....	....	....	2,806
1956	....	....	....	....	4,203
1957	....	....	....	....	4,588
1958	....	....	....	....	4,744
1959	....	....	....	....	5,521
1960	....	....	....	....	5,667
1961	....	....	....	....	6,140
1962	....	....	....	....	6,476
Total	....	....	....	....	46,448

A study of the next Table indicates that tuberculous infection is still so prevalent in Dublin that 82% of persons encounter their first infection before the third decade of life.

TABLE V.
TUBERCULIN SURVEYS AND BCG VACCINATIONS YOUNG ADULTS
DUBLIN CITY 1962.

Age	Total	Mantoux 1 TU			Mantoux 10 TU			BCG Vacc.	Percentage	
		Tested	Pos.	Neg.	Tested	Pos.	Neg.		Pos.	Neg.
15-19 yrs.										
M	492	492	322	170	170	33	137	133	72.2	27.8
F	339	339	173	166	166	26	140	137	58.7	41.3
M and F	831	831	495	336	336	59	277	270	66.6	33.3
20-24 yrs.										
M	231	231	130	101	101	20	81	81	64.0	36.0
F	176	176	92	84	84	17	67	67	62.0	38.0
M and F	407	407	222	185	185	37	148	148	63.7	36.3
25-29 yrs.										
M	92	92	67	25	25	11	14	14	84.8	15.2
F	35	35	18	17	17	8	9	9	74.3	25.7
M and F	127	127	85	42	42	19	23	23	81.9	18.1
30 years & over										
M	104	104	99	5	5	4	1	1	99.04	0.96
F	54	54	46	8	8	5	3	3	94.4	5.6
M and F	158	158	145	13	13	9	4	4	97.5	2.5
Totals ..										
M	919	919	618	301	301	68	233	229	74.7	21.3
F	604	604	329	275	275	56	219	216	63.8	36.2
Grand Totals	1,523	1,523	947	576	576	124	452	445	70.3	2.7

Much time and effort is spent in advocating B.C.G. protection to young adults but the response is not satisfactory in this age group. Young people are notoriously difficult to advise in the care of their health and few of them realise the danger and havoc wrought by tuberculosis. In addition to the following centres visited during 1962, a special clinic is held monthly at the Carnegie Centre, Lord Edward Street, at hours suitable for the majority of young workers.

CENTRES

Batchelors Ltd.
Bird, Alfred & Sons (Ireland) Ltd.
Brown & Polson (Ireland) Ltd.
Castle Hosiery Co. Ltd.
Fry-Cadbury (Ireland) Ltd.
Fullers (Ireland) Ltd.

Garda Depot
Lever Bros. (Ireland) Ltd.
National Cash Register Co. Ltd.
Orrwear Ltd.
Royal College of Surgeons
Winstanley, James Ltd.

Cherry Orchard Hospital
 Royal Victoria Eye and Ear
 St. Vincent's, Fairview
 Hospital for Incurables
 Jervis St. Hospital

Assumption, Sisters of
 Baldoyle, St. Joseph's C.B.S.
 Kimmage Manor

Artane Industrial School
 Stanhope St. Domestic School
 Department of Lands
 Department of Post & Telegraphs

Master Misericordiae Hospital
 Sir Patrick Dun's Hospital
 Our Lady's Children's Hospital
 National Children's Hospital
 James Connolly Memorial Hospital

Marino, St. Mary's C.B.S.
 Milltown Convent

St. Patrick's, N.C. Road
 St. Patrick's, Navan Road

Table VI gives a list of the Primary, Secondary and Vocational Schools visited in 1962.

TABLE VI

Aughavannagh Road, C.B.S.
 Aughrim Street, Boys' & Girls'
 Blackhall Place
 Blackquiere Bridge Boys' and Girls'
 Bloomfield Ave., Boys' and Girls'
 Bluebell Boys' and Girls'
 Botanic Avenue Boys' and Girls'
 Brunswick Street C.B.S.
 Cabra, Christ the King B and G.
 Cabra, Dominican Convent
 Colaiste Mhuire C.B.S.
 Cooke Street, Boys' and Girls'
 Coolock, Boys' and Girls'
 Denmark Street, Boys' and Girls'
 Denmark Street Orphanage
 Donnycarney Girls
 Dorset Street, St. Francis Xavier
 Drimnagh Castle, C.B.S.
 Dorset Street, St. Joseph's
 Milltown Convent
 Milltown Girls'
 Mountjoy Street, Josephian
 North Strand Boys' and Girls'
 Northumberland Road, Girls'
 O'Connell Schools
 Pearse Street Boys'
 Rialto Boys
 Rialto, St. Andrew's
 Rutland Street Boys' and Girls'
 Rutland Street, St. Thomas'
 St. Canice's C.B.S.
 St. Mary's Place C.B.S.

Fairview, St. Joseph's C.B.S.
 Francis Street Girls
 Gardiner Street
 Glasnevin, Holy Faith
 Glasnevin, Sacred Heart
 Goldenbridge Convent
 Harold's Cross, Our Lady's Mount
 Harold's Cross, St. Clare's
 Hill Street
 Howth Road, Boys' and Girls'
 Inchicore, Central
 Inchicore, Model
 Iona Road
 John's Lane Boys, and Girls'
 Keogh Square
 Lecson Park
 Marlboro Street Model Boys' & G.

Scoil Bridhge, Earlsfort Terrace
 School Street Boys' and Girls'
 Seville Place, C.B.S.
 Seville Place Girls'
 Stanhope Street
 Strand Street C.B.S.
 Terenure Boys
 Walkinstown Convent
 Warrenmount Convent
 Weaver Square Convent
 Wellington Street Girls'
 Westland Row C.B.S.
 Whitefriar St. Boys' and Girls.'

SECONDARY SCHOOLS

Alexandra College
 Brunswick Street C.B.S.
 Clarendon Street Holy Faith
 Clontarf Holy Faith
 Coliaste Mhuire
 C.U.S. Leeson Street
 Drimnagh C.B.S.
 Glandore Road
 High School Harcourt Street
 James Street C.B.S.
 Kildare Street Training College
 Milltown Convent

Nepin Road C.B.S.
 O'Connell Schools
 O'Brien Institute
 Rathmines, St. Louis
 Rathmines, St. Mary's
 Sandford Park
 Stratford College
 Sutton ,Santa Sabina
 Sutton, St. Fintan's C.B.S.
 St. Patrick's Grammar School
 Wesley College
 Westland Row C.B.S.

VOCATIONAL SCHOOLS

Atlantic College
 Ballsbridge
 Cabra
 Capel Street
 Cathal Brugha Street
 Clogher Road
 Crumlin Road
 Denmark Street
 Inchicore

Killester
 Ling Institute
 Marino
 Mount Street Upper
 Miss O'Donnells'
 North Strand
 Parnell Square
 Rathmines
 Ringsend

Looking back on the arduous climb against the hill of this disease we see many marks of progress. Some see the summit in sight. The clouds of infection, although dispersing, still obscure the summit to us—clouds we see by studying the tuberculin surveys.

By enhancing natural resistance with B.C.G. vaccination, we hope to see the summit come more clearly into view, but no effort may be relaxed until the long hill is finally conquered.

It is a pleasure to thank the staff of the clinic for their willing co-operation throughout the year.

For the year 1962, the total number of B.C.G. vaccinations carried out by the National B.C.G. Committee in the Dublin Health Authority area, on children up to 15 years of age resident in this area, was :

Infants	....	....	....	....	....	5,111
All other children up to 15 years					....	878
					Total	....
						5,989

CENTRAL X-RAY DEPARTMENT

MICHAEL G. MAGAN,

Radiologist

The Central X-Ray Department, Lord Edward Street, continues to carry out the large plate recall X-Ray examinations and some follow-up examinations arising out of mass radiography sessions held in the City and County, with the exception of Dun Laoghaire Borough. It also carries out radiography for Nicholas Street Clinic and for Primary Clinic patients. The X-Ray examination of candidates for Health Authority and Corporation staff appointments is a further function. A fourth purpose of this Department and one of increasing value, inaugurated by the present Chief Medical Officer, is to provide large film chest examinations required by general practitioners. These doctors may choose between the X-Ray department of Lord Edward Street; the Tuberculosis Clinic, Charles Street; the Health Centre, Crumlin; and the Central Clinic, Rere Meath Hospital, depending on which is the most convenient. During 1962 there were 459 large plate chest X-Ray examinations made for general practitioners at Lord Edward Street. These examinations revealed 16 Cases of significant tuberculosis, 7 neoplasms and 52 transient inflammatory conditions and 1 sarcoid.

The general practitioner may also refer his patients to the mass radiography units for miniature X-Ray. If the result is normal, a report to that effect is sent from Tara Street. If the miniature film reader considers a large plate is necessary, the examinee is referred for this purpose to Lord Edward Street. The National Mass Radiography Association estimates that approximately 8,000 persons came to Mass X-Ray sessions at their doctor's request and this number is, to date, showing an increase for 1963. It is the association's policy shortly to make these miniature film sessions in the City available for doctors' patients on every working day of the week. A special "Doctors' Referral Card" is printed for this purpose and every doctor in the area receives a letter and supply of cards from the association early in January each year. According to the association, the recall rate in the case of "Doctors Referrals" was 56 per thousand examined when pre-employment X-Rays are excluded and this is equivalent to six cases of respiratory tuberculosis per thousand examined as opposed to 2.5 per thousand as an average in the public sessions as a whole.

104,710 persons presented themselves for mass miniature examination in the Dublin Health Authority area during the year, an increase of 11,000 over the previous year. The improved attendance at public sessions during 1962 was due, in the main, to a welcome increase in "Doctors' referrals."

The attendance at Industrial sessions was increased by 7,000 over the previous year. New industries in Dublin are being visited by mass radiography organisers and when the habit of attending mass radiography sessions in the factory is introduced, an annual visit from the mass radiography unit becomes firmly established.

The miniature films are processed and read at the Tara Street headquarters of the Mass Radiography Association. Any individual whose miniature film indicates a possible abnormality is advised to attend for a full size x-ray at this Central X-Ray Department in Lord Edward Street. If the large plate shows no abnormality the individual is reassured but if there is need for further investigation, he is invited to be seen by a clinician who attends here for the purpose on one morning each week. We would like to express our gratitude to Dr. P. J. Murray for the care and attention he devotes to this very important stage of the procedure. Arising out of mass radiography, the number of cases of significant pulmonary tuberculosis, i.e., cases needing at least chest clinic supervision and, in the main, receiving hospital or domiciliary chaemotherapy was 142. The number of cases considered as likely to be sarcoidosis was 31. Pulmonary neoplasms totalled 21. Transient pulmonary inflammations numbered 80.

The number of examinations by the Health Authority at the Central X-Ray Department, Lord Edward Street has increased by 537 . The details are as follows :

No. of large plate recalls from Mass Radiography (of those recalled for a full size plate—79 persons persistently ignored the invitation, 3 had gone away and 33 notified this department that they were having treatment elsewhere)	....	....	....	....	....	1,301
No. of recheck x-rays (i.e. follow-up x-rays made here on individuals whose earlier large film, arising out of Mass Radiography, indicated the need for recheck)						1,049
Large films for practitioners	....	....	....	....		459
Children from Primary Clinic	....	....	....	....		1,133
No. of staff examinations	....	....	....	....		152
No. of examinees for Nicholas Street Clinic	....	....				1,798
						<hr/> 5,892

MASS RADIOGRAPHY SESSIONS
DUBLIN HEALTH AUTHORITY AREA

CENTRE	Total Examined	Likely to be Clinically Significant P.T.	Other Tuberculous Manifest- ations	Conditions of the lungs other than P.T.	Cardio vascular conditions	Shadowing of doubtful significance	Total Recalls
Public Sessions	36,276	309	39	233	107	203	891
Industry	38,097	130	33	71	38	116	388
Colleges, Schools	14,804	5	14	22	42	45	128
Technical Schools	4,824	2	4	6	10	10	32
Institutions	3,147	6	4	9	—	17	36
Mental Hospitals	3,958	46	7	20	15	27	115
Children's Primary Clinic	361	3	3	1	2	4	13
Universities	2,077	6	2	2	—	4	14
Army	1,166	3	2	4	—	1	10
TOTAL	104,710	510	108	368	214	427	1,627

ST. MARY'S CHEST HOSPITAL

J. J. FLANAGAN, M.D.,

Acting Medical Superintendent

St. Mary's Chest Hospital may now be said to have passed through a further stage in its evolution. In 1961 the hospital was tentatively feeling for the best possible way in which the surplus tuberculosis beds could be used. A male geriatric psychiatric section recruited from St. Brendan's Hospital and a female section which was supplied from St. Kevin's Hospital took up 320 beds. A residual 160 beds were reserved for tuberculosis, chest and general medical cases. It is hoped later to use the remaining 40 beds as necessity indicates.

The geriatric sections have now settled into a steady regime and these beds have almost a 100% occupancy rate. The 160 medical beds for which, at first, occupancy was low are now being well used as the bed bureau and the neighbouring general practitioners have come to know of the facilities available. There has been a further reduction in the number of tuberculosis patients so that during the year only about 80 beds were available for this condition. This number will contract further as the overall need diminishes. In inverse relationship with this contraction, there has been a marked rise in the admission of patients with non-tuberculous chest, heart and miscellaneous ailments, many of them of an acute and urgent nature. There has been a very natural and proper tendency for a high proportion of chest patients to come into these beds for diagnosis and treatment. Despite the absence of any epidemic of acute respiratory infection comparable to that in 1961, the number of admissions in this section has remained as high as in that year. If the overall number of beds given to the Bed Bureau has diminished somewhat that is because our geriatric beds are now always full and thus the intake of these cases is naturally limited. It is thus worthy of note that the late Dr. C. K. McArdle's strong recommendation in his 1961 report to maintain a hospital section to include tuberculosis and respiratory and non-respiratory conditions has now been implemented. It remains for me to confirm this statement that the operation of such a section lends interest and variety to medical and nursing staff, and stimulates them to keep abreast of recent medical advances and to extend the benefits gained to patients in all sections. If this approach is maintained there is no doubt that the work of the hospital must increase in value to the community.

It is suggested that since the hospital is now responsible for a large number of patients who suffer from such common and crippling respiratory ailments as chronic bronchitis frequently with airways obstruction, asthma, emphysema, bronchiectasis together with the frequent complication of chronic cor pulmonale,

also such other common respiratory illnesses as carcinoma of bronchus, lung abscess, pneumonia, pleurisy, sarcoidosis, etc., etc., that more respiratory function equipment be made available. It is apparent that the hospital, with its varied experience and type of patient is in an ideal position to operate a respiratory function and chronic bronchitis unit which could be of assistance also to all Dublin Health Authority hospitals. Respiratory function studies have now become a sine qua non of a modern chest hospital. Findings from them undoubtedly lead to quicker alleviation for the patient, economy in drugs usage, and more rapid bed turnover.

LABORATORY FACILITIES :

Towards the end of the year, the serious step of closing the hospital laboratory was taken. The service provided by this department was limited to simple bacteriological investigations. All other pathological and biochemical services were provided by the St. Kevin's Hospital laboratory and the loss, therefore, was not immediately felt since bacteriology was carried out at the Central Laboratory at Crumlin Health Centre. The variety and volume of work has increased to such an extent that it would be advisable to provide some pathological and biochemical facilities in the hospital. It is to be hoped that, since bacteriological facilities have been withdrawn, the laboratory can now be used for at least the common pathological and biochemical investigations and that the services of a pathologist, working possibly part-time, be provided as well as a technical staff.

ALMONER :

Urgent attention is drawn to the need for a full-time almoner in St. Mary's. Such an appointment would increase bed usage and turnover and help to ensure that medical relapses were less likely to occur as a result of unsuitable outside conditions and management.

PHYSIOTHERAPY DEPARTMENT :

Further enlargement of the physiotherapy department is required to encourage early ambulation particularly among the geriatric patients. For this two other physiotherapist appointments should be made. A considerable amount of equipment is also required.

CHIROPODIST :

The appointment of a part-time chiropodist is a further essential which should considerably increase the rate of the bed turnover.

Dr. C. K. MacArdle who had been Medical Superintendent of the hospital since its foundation in 1958, died very suddenly on the 2nd March 1963. His loss was a severe one coming particularly at a time when his experience and judgment would indeed have helped immensely to guide the hospital through its transition period. His passing was deeply regretted by all who knew him. May he rest in peace.

In conclusion I would like to thank all the members of the hospital staff for their loyal co-operation and reliability throughout the year.

STATISTICS

Number of patients admitted	103 Tuberculous Cases
	247 Non Tuberculous Chest Cases
	225 General Medical Cases
	187 Geriatric Cases
	58 Psychiatric Cases
Number of patients discharged	119 Tuberculous Cases
	423 Non Tuberculous Chest Cases and General Medical Cases
	100 Geriatric Cases
	12 Psychiatric Cases
Deaths	13 Tuberculous Cases
	73 Non Tuberculous Chest Cases and General Medical Cases
	98 Geriatric Cases
	33 Psychiatric Cases
Number of beds available	530 (40 Tuberculous, 160 Non Tuberculous Chest Cases and General Medical Cases, 174 Geriatric, 156 Psychiatric)

I give you below some figures obtained from the Dublin Hospitals Bureau for the year 1962 :

Total reservations in St. Mary's	....	....	....	....	514
Geriatric reservations (70 years and over)	....	....	....	....	163
Non Geriatric reservations (under 70 years)	....	....	....	....	351
Total geriatric patients placed by Bureau in 1962	....	....	....	....	602
Total geriatric patients placed in Dublin Hospitals excluding St. Mary's	....	....	....	....	439

			Geriatric	Psychiatric
Available Bed Days	....	....	65,673	56,940
Occupied Bed Day	....	....	62,670	54,918
Vacant Bed Days	....	....	3,003	2,022
Bed Turnover	....	....	1.7 patients per bed per year	.4 patient per bed per year
Length of Stay	....	....	219 days	900 days
Turnover Interval	....	....	10.5 days	33 days
Total percentage occupancy	....	....	95.5%	96.4%

CLASSIFICATION OF NON TUBERCULOUS CHEST CASES AND GENERAL
MEDICAL CASES ADMITTED DURING 1962

	Male	Female
Bronchitis (Acute and Chronic)	58	79
Pneumonia	29	44
Bronchiectasis	8	6
Lung Abscess	1	1
Carcinoma of Bronchus	12	4
Secondary Carcinoma of Lung	—	1
Carcinoma of Pharynx	1	—
Carcinoma of Breast	—	2
Carcinoma of G.I. Tract	2	1
Carcinoma of G.U. Tract	1	—
Myelomatosis	—	1
Sarcoidosis	1	1
Asthma	8	13
Pleurisy	6	4
Spontaneous Pneumothorax	5	1
Coronary Occlusion	8	5
Coronary Ischaemia	3	7
Angina of Effort	2	3
Mitral Stenosis	4	11
Valvular Diseases of the Heart	3	5
Congestive Heart Failure	8	17
Sub-Archnoid Haemorrhage	—	4
Cerebral Thrombosis	5	13
Cerebral Haemorrhage	2	5
Rheumatic Fever	4	3
Acute Nephritis	3	5
Chronic Nephritis	1	3
Diabetes Mellitus	2	4
Thyrotoxicosis	—	2
Hypothyroidism	—	1
Severe Hypochromic Anaemia	3	11
Megalocytic Anaemia	—	4
Miscellaneous	18	14

INVESTIGATIONS

X-ray examinations (straight films)	3,476
Tomograms	40
Bronchograms	31
Fluoroscopic Examinations	45
B.S.R.	2,990
Bronchoscopic Examinations	38
Electrocardiograms	350
Liver Biopsies	6
Gland Biopsies	3
Pleural Biopsies	25

SPUTUM INVESTIGATIONS

Direct Microscopy	....	....	....	....	1,788
Cultures—Sputum	....	....	....	....	1,134
„ Laryngeal Swab		....	....	....	7
„ Pulmonary Lavage		....	....	....	70
Sensitivity Tests	....	....	....	....	721

Other examinations included sputum examined for Carcinoma Cells, C.S.F. Examinations, Pleural Fluid Examinations, Full Blood Counts, Blood Sugar, Blood Proteins, Blood Urea, Blood Cultures, Serum Cholesterol, Serum Calcium, Serum Potassium and Sodium, Special Urine Examinations, Faeces Examinations, Fractional Meal Tests, Bilirubin-Van den Bergh Tests, Paul Bunnell Tests, Prothrombin Times, etc.

During the year 1962—379 examinations were carried out by the Ear, Nose and Throat Consultant.

In the Dental Department there were 252 examinations by the Dental Surgeon. There were 212 extractions and 34 dental plates were issued to patients.

The Ophthalmologist carried out 71 examinations for eye conditions.

JAMES CONNOLLY MEMORIAL HOSPITAL

ARTHUR J. WALSH

Medical Superintendent

During 1962 the number of patients treated was 1,652. Of these 1,277 were discharged during the year and 375 were still in residence on 31st December.

A feature of the bed-occupancy figures was the falling off in the number of patients in hospital. Compared with corresponding dates in 1961 there was a drop of approximately 40 patients throughout the last four months of the year and the 363 patients still under treatment at Christmas represented the lowest figure since the hospital was open to its full capacity. Presumably this is a continuance of the general trend attributable to the effect of chemotherapy. Another probable effect of chemotherapy was the drift towards the higher age-groups among the patients admitted, representing a longer survival time among more chronic patients. All patients were treated with triple chemotherapy. Streptomycin, P.A.S. and I.N.A.H. were the drugs of almost universal choice, but in special cases Isoxyl or Ethionamide or both were added to or substituted for one or more of the standard drugs.

THE USE OF THE BEDS :

The following figures indicate the use made of the beds during the year :

Number of patients admitted	1,232	
Number of patients discharged	1,277	
Number of deaths	100	
In Hospital, 31/12/62	375	
Number of beds available	524	
Available bed days	191,260	
Occupied Bed Days	162,174	
Vacant Bed Days	29,086	
Bed Turnover	2.6	patients per bed per year
Length of Stay	117.7	days per patient
Turnover Interval	21.1	days
Total Percentage Occupancy	84.79%	

ADMISSIONS AND DISCHARGES :

The gross figures for admissions and discharges were 1,319 and 1,364 respectively. Deducting the figures for patients transferred temporarily to other hospitals and who continued in those hospitals the treatment prescribed here, the nett figures were 1,232 admissions and 1,277 discharges. Of these, 855 adult tuberculous patients were admitted, 57 children with primary

tuberculosis, 134 patients admitted to the T.B. Units for observation and who turned out to be non-tuberculous, and 228 patients who were admitted as frank non-tuberculous cases.

The figures under the corresponding headings for the discharges were as follows : 876 adult tuberculous patients, 68 children, 147 observation cases found to be non-tuberculous, and 186 frank non-tuberculous cases.

ADULT PATIENTS

ADMISSIONS :

It will be convenient to deal first of all with the 989 adult cases, tuberculous and presumed tuberculous :

CLASS ON ADMISSION				Male	Female	Total
Resp.	A1	....	....	55	53	108
	A2	....	....	130	85	215
	A3	....	....	21	8	29
	B1	....	....	11	6	17
	B2	....	....	217	110	327
	B3	....	....	99	33	132
Non-Resp.	A	....	....	7	10	17
	B	....	....	6	4	10
Observation	....	....	....	91	43	134
				—	—	—
Totals	....	....	....	637	352	989

AGE ON ADMISSION

The following are the age groups of the 855 Tuberculous Cases.

				Male	Female	Total
15—24	years	....	....	78	64	142
25—34	„	....	....	67	69	136
35—44	„	....	....	107	76	183
45—54	„	....	....	100	55	155
55—64	„	....	....	113	24	137
65	years and over	....	....	81	21	102
				—	—	—
				546	309	855

Compared with the previous year there is a big increase in the number in the 35-44 age group—183, as compared with 123, with drops in the 15-24 and 24-34 age groups.

EXTENT OF DISEASE :

Take first of all the 828 cases of pulmonary tuberculosis.

<i>Unilateral :</i>				Male	Female	Total
Minimal				58	50	108
Moderate				148	71	219
Advanced				13	10	23
<i>Bilateral :</i>						
Minimal				9	11	20
Moderate				183	95	278
Advanced				122	58	180
				—	—	—
Total	....	....	....	533	295	828

The above classification is obtained from the x-ray appearances of the chest and corresponds with the classification of the National Tuberculosis Association of the United States.

The classification of the 27 cases of non-pulmonary tuberculosis is as follows :

				Male	Female	Total
<i>Non-Resp. A :</i>	....				
Skeletal	....	....		1	2	3
Abdominal	....			—	3	3
Other Organs	....	....		6	5	11
Peripheral Glands		....		—	3	3
<i>Non-Resp. B :</i>						
Skeletal	....	....		—	—	—
Abdominal	....	....		—	—	—
Other Organs	....	....		5	1	6
Peripheral Glands		....		1	—	1
Total	....	....	....	13	14	27

In the main, conditions classified under “other organs” were referable to the genito-urinary system.

DISCHARGES :

There were 1,092 nett discharges from the T.B. units, as follows:

				Male	Female	Total
<i>Tuberculous</i>						
Pulmonary	....	....		550	300	850
Non-Pulmonary	....	....		12	14	26
Children	....	....		32	37	69
<i>Non-Tuberculous</i>	....	....		94	53	147
				688	404	1,092

From the above it will be seen that there were 876 adult tuberculous cases discharged, 557 male and 314 female.

CLASSIFICATION OF DISCHARGES :

				Male	Female	Total
Resp.	A1	....	....	65	67	132
	A2	....	....	124	91	215
	A3	....	....	19	8	27
	B1	....	....	16	12	28
	B2	....	....	242	95	337
	B3	....	....	84	27	111
Non-Resp.	A	....	....	7	12	19
	B	....	....	5	2	7
Total	....	....	....	562	314	876

Of the 562 male cases, 550 were pulmonary, and of the 314 female cases 300 were pulmonary. Consideration of these 850 pulmonary cases shows the following results of treatment :—

RESULTS OF TREATMENT

MALE PATIENTS

Extent on Admission	Quiescent	Im- proved	Un- changed	Worse	Died	Total
Unilateral :						
Minimal	51	11	3	0	0	65
Moderate	66	46	13	0	2	127
Advanced	2	1	2	0	6	11
Bilateral :						
Minimal	7	1	0	0	1	9
Moderate	61	92	19	2	8	182
Advanced	28	73	32	1	22	156
Totals	215	224	69	3	39	550

FEMALE PATIENTS

Extent on Admission	Quiescent	Im- proved	Un- changed	Worse	Died	Total
Unilateral :						
Minimal	50	9	3	0	0	62
Moderate	50	16	5	0	0	71
Advanced	3	4	0	0	0	7
Bilateral :						
Minimal	9	0	1	0	0	10
Moderate	49	34	8	0	1	92
Advanced	11	25	9	0	13	58
	172	88	26	0	14	300

SPUTUM CHANGES :

The effect of treatment on sputum is shown in the following table :—

Adm.	Dis.	Male	Female	Total
Pos. — Pos.	48	12	60
Neg. — Pos.	2	—	2
Neg.—Pos.—Neg.	12	3	15
Pos. — Neg.	175	73	248
Neg. — Neg.	295	182	477
Nil. — Nil.	18	30	48
		550	300	850

DURATION OF HOSPITAL TREATMENT

			Male	Female	Total
Over 12 months	....	....	30	13	43
9—12	„	....	37	24	61
6— 9	„	....	128	72	200
3— 6	„	....	151	86	237
2— 3	„	....	73	30	103
1— 2	„	....	50	29	79
8—30 days	....	....	59	32	91
0— 7	„	....	22	14	36
			<hr/> 550	<hr/> 300	<hr/> 850

REASON FOR DISCHARGE

			Male	Female	Total
Recommended	....	....	411	248	659
Transferred	....	....	18	8	26
Own Accord	....	....	82	30	112
Dismissed	....	....	—	—	—
Died	....	....	39	14	53
		....	<hr/>550	<hr/> 300	<hr/> 850

In the above table the term “transferred” describes only those patients whose transfer was permanent in the sense that they were not expected to return to Blanchardstown. Transfers to other hospitals for incidental treatment of other conditions, followed by return to Blanchardstown, are not included in this table since they continued to receive anti-tuberculosis treatment during their absence in the other hospital. In the transfers recorded above would be cases of certified mental illness, cases of burnt-out tuberculosis whose current illness was due to the effects of fibrosis, emphysema, chronic bronchitis, etc. Cases not included are those transferred to maternity hospitals, to general hospitals for acute surgery, or for special investigations.

OBSERVATION CASES PROVED NON-T.B.

147 cases sent in for observation were shown to be non-tuberculous following investigation :—

			Male	Female	Total
Arterio-Sclerosis	....	....	1	—	1
Asthma	....	....	—	2	2
Auricular Fibrillation	....	....	1	—	1
Bronchitis (Chronic)	....	....	28	7	35
Bronchiectasis	....	....	13	18	31
Calcified Hilar Gland	....	....	1	—	1
Carcinoma	....	....	18	4	22
Cervical Abscess	....	....	—	1	1
Cystic Lung	....	....	4	—	4
Diffuse Interstitial Pulmonary					
Fibrosis	....	....	1	—	1
Disseminated Sclerosis	....	....	—	1	1

Emphysema	....	....	....	4	—	4
Hypertension	....	....	....	1	1	2
Pneumonia	....	....	....	7	6	13
Pulmonary Infarct	....	....	....	1	—	1
Sarcoidosis	....	....	....	14	13	27
				<hr/> 94	<hr/> 53	<hr/> 147

CHILDREN

70 children with Primary Tuberculosis were admitted and 68 were discharged

AGE PERIODS OF ADMISSIONS :

				Total
Under 6 months	....	....	....	—
6—12 months	....	....	....	1
1— 2years	....	....	....	3
2— 4 „	....	....	....	5
5— 9 „	....	....	....	28
10—14 „	....	....	....	20
				<hr/> 57

HOW FOUND :

Erythema Nodosum	....	....	....	11
Mass Radiography	....	....	....	3
Contact	....	....	....	23
Symptoms	....	....	....	20
Other Illness	....	....	....	—
				<hr/> 57

RESULT OF TREATMENT

69 children were discharged. The condition of the lesions at the time of discharge is shown below :—

				Boys	Girls	Total
Quiescent	....	....	....	24	32	56
Improved	....	....	....	7	3	10
Unchanged	....	....	....	1	2	3
Worse	....	....	....	—	—	—
				<hr/> 32	<hr/> 37	<hr/> 69

TREATMENT

All tuberculous cases received routine triple chemotherapy—streptomycin, P.A.S. and I.N.A.H. daily until sputum sensitivities were known. If the sensitivity tests were satisfactory streptomycin administration was reduced to alternate days, the other two drugs being continued daily.

In the event of resistance being demonstrated to one or more of the standard drugs, other drugs such as iosxyl and ethionamide were introduced instead.

Operations, covering both tuberculous and non-tuberculous cases were carried out according to the following list :—

Thoracoplasty	....	....	....	22
Thoracoplasty (Holst)	....	....	....	2
Segmental Resection	....	....	....	19
Repair of Fistula	....	....	....	1
Lobectomy	....	....	....	32
Gastrectomy	....	....	....	1
Pneumonectomy	....	....	....	21
Decortication	....	....	....	2
Thoracotomy	....	....	....	11
Repair of Hiatus Hernia	....	....	....	3
Oesophagectomy	....	....	....	1
Resection of Cyst	....	....	....	1
Resection of Rib	....	....	....	1
Removal of Clot	....	....	....	1
Haematoma	....	....	....	1
Hellers	....	....	....	2
Laparotomy	....	....	....	2

Investigations prior to surgery :

Bronchoscopy	....	....	....	....	174
Oesophagoscopy	....	....	....	....	11
Bronchial Biopsy	....	....	....	....	3
Gland Biopsy	....	....	....	....	7

NON-TUBERCULOUS CASES

		Male	Female	Total
Number of admissions	....	156	72	228
Number of discharges	....	121	65	186
Number of deaths	....	26	6	32

AGE ON ADMISSION

			Male	Female	Total
15—24 years	....	....	7	16	23
25—34 „	....	....	9	4	13
35—44 „	....	....	6	4	10
45—54 „	....	....	28	29	57
55—64 „	....	....	39	9	48
65 year and over			50	5	55
Under 15 years	....	....	4	4	8
			143	71	214

CLASSIFICATION OF N.T.B. CASES :

	Male	Female	Total
Carcinoma of Lung	92	16	108
Bronchiectasis	8	19	27
Carcinoma of Oesophagus	8	—	8
Bronchitis	8	9	17
Asthma	1	1	2
Emphysema	12	1	13
Achalasia of Oesophagus	—	1	1
Diamphramatic	—	1	1
Abscess of Lung	1	—	1
Pneumonia	2	2	4
Hypertension	1	—	1
Sarcoidosis	—	2	2
Cystic Tumour	1	—	1
Pleural Effusion	1	—	1
Carcinoma of Stomach	1	1	2
Hiatus Hernia	1	8	9
Spontaneous Pneumothorax	3	3	6
Leukaimia	—	1	1

DENTAL DEPARTMENT :

The Visiting Dental Surgeon sends the following figures to indicate the work of his department for the year :—

Number of Extractions	870
Number of Fillings (perm.)	192
Number of Fillings (temp.)	15
Number of Scalings	84
Number of Dentures	131
Gum Treatment	8
Dressings and Applications	14
Sundry	240
Impressions Bites, Try-ins and Adjustments	547
Repairs	6

Extractions are carried out almost invariably under local anaesthesia. Only in exceptional cases was the general anaesthesia used.

EAR, NOSE AND THROAT DEPARTMENT

The Visiting Laryngologist attends weekly and sees all new patients as routine, together with any other patient in residence who develops symptoms requiring his attention.

Also the Laryngologist obtains all specimens of laryngeal swabs for examination in cases where sputum is not available. While the value of a “positive” laryngeal swab is self-evident, it is essential to be able to place full value on a “negative” swab. It is for this reason that the specimens are obtained by the Laryngologist.

LABORATORY

Our two Laboratory Technicians handle only tuberculous specimens. The following figures show the number of examinations carried out :—

Number of direct examinations	....	....	....	4,313
Number of cultures (sensitivities)	....	....	....	1,786
Number of cavity swabs	....	....	....	7
Number of animal inoculations	....	....	....	11
Number of laryngeal swabs	....	....	....	805
Number of gastric lavages	....	....	....	7
Number of urine examinations	....	....	....	372

Specimens for Sensitivity Tests are sent to the City Bacteriologist at the Health Centre, Crumlin. Specimens for biochemical pathological and blood examinations are sent to St. Kevin's Hospital Laboratories and sputum specimens for examination for carcinoma cells are sent to University College Laboratories. I am indeed grateful to the Medical Directors of all these laboratories for their assistance.

X.RAY DEPARTMENT

Two Radiographers are in full-time employment in this department. Their work during the year is shown as follows :—

Number of examinations	....	....	....	....	5,387
Number of films	....	....	....	....	7,006
Number of portables	....	....	....	....	470
Number of screen examinations	....	....	....	....	67
Number of bronchograms	....	....	....	....	171
Number of tomograms	....	....	....	....	254

OTHER DEPARTMENTS

The Physiotherapy Department carried on very well despite difficulties in filling staff vacancies. The Occupational Therapy Department continued its usual high-standard of work in the direction of handicrafts and other diversionary methods. The educational requirements of the children are well provided for and are in the hands of two very capable National Teachers.

STAFF CHANGES

The post of Surgical Registrar was filled in by Dr. Ameena Bootwalla who held the post until the end of the year.

Dr. Maeve O'Hanlon replaced Dr. Helena M. Fehily as House Physician in January. Dr. Liam Glynn and Dr. Christina Glynn left on 30th June 1962 and were replaced by Dr. Michael Fitzgibbon and Dr. C. Foster Kelly.

ACKNOWLEDGEMENTS

In conclusion I wish to express my thanks to the Medical Officers, to Matron and the Nursing Staff, to the Chief Clerk and the Clerical Staff, and to all other members of the Hospital Staff for all the assistance they have given me during the year, for the excellence of their work and for their loyal co-operation. I wish to acknowledge also our indebtedness to the National Blood Transfusion Service for supplies of blood and to the Hospitals Library Council for supplies of books to the Patient's Library.

VENEREAL DISEASE SERVICE

F. M. LANIGAN-O'KEEFFE, M.D.

City Venereologist

The organisation of the Venereal Disease Service continued as in the past year. The Clinics at the Mater Misericordiae and the Rotunda Hospitals were conducted by myself. The Clinic at Dr. Steven's Hospital was conducted by Drs. Mellon, McVey, O'Grady and myself, while the Clinic at Sir. Patrick Dun's Hospital was conducted on behalf of the Health Authority. It is hoped that the Clinic at Sir Patrick Dun's will be soon more closely integrated in the overall Scheme for the Venereal Disease Service.

During the year there was an increase in the number of cases of Syphilis treated at the Clinics. Many were late cases. However, there were some cases of early Syphilis diagnosed which had, in the main, their source of origin outside this country. This shows that a complacent view should not be taken of the situation as several countries have reported a considerable increase in the number of cases of early infections in the past few years.

I make no apology for repeating that the position of the prevention of Congenital Syphilis is unsatisfactory outside the Maternity Hospitals' service, as the number of ante-natal serological tests performed continues to be much too low in relation to the number of births recorded.

It will be noted that a considerable increase in the number of cases of Gonorrhoea has occurred. The increase in the instance of this disease has been reported from most countries for the past number of years, but it has only shown its effects in this country during the year 1962. Unfortunately, concurrent with this, a marked increase has been found in the number of cases showing a greater resistance of the *Gonococcus* to Penicillin. Some cases were completely resistant to this drug on culture and necessitated the use of other anti-biotics.

		Syphilis		Gonorrhoea		Non V.D.	
		M.	F.	M.	F.	M.	F.
Admissions to the Clinics of new and return cases from the Dublin Health Authority Area	1961	22	52	156	18	378	59
	1962	47	49	222	20	384	77
Total number of patients from the Dublin Health Authority Area under treatment	1961	105	228	225	22	434	96
	1962	113	235	281	31	473	114

PORT HEALTH SERVICE

JOHN WALKER

Port Medical Officer

AMOUNT OF SHIPPING ENTERING THE PORT DURING THE YEAR

Number and register Tonnage of vessels which entered the Port of Dublin :—

				Number	Reg. Tonnage
Foreign-going	....	....	....	1,419	1,923,648
Coastwise	....	....	....	3,743	2,626,110
				<hr/>	<hr/>
Totals	....	....	....	5,162	4,549,758

Port Health Service personnel carried out inspections on 1,447 foreign-going ships. This figure includes 65 inspections on foreign-going ships which engaged in Cross-Channel trading (or which had come directly to the Port of Dublin from other Irish ports), and 5 inspections on foreign fishing vessels.

Number of Naval Visitors entering the Port :

	Number	Nationality
	3	German
	1	English
	5	Canadian
	3	U.S.A.
	<hr/>	
Total	12	

Number of Passenger Liners :

	Number	Nationality
	1	Swedish
	4	British
	1	Finland
	<hr/>	
Total	6	

Ships arrived at Dublin from the Principal ports in the following territorites :

Afghanistan	Congo	Hong Kong
Algeria	Corsica	
Argentina	Crete	Iceland
Australia		India
	Denmark	Israel
Bahrein		Italy
Brazil	Finland	
Belgium	Formosa	Japan
British West Indies	France	
		Kenya
Canada	Germany	
Canary Islands	Ghana	Lebanon
Ceylon	Grecco	Libya

Morocco	Portugal	United Arab Republic
Mozamibque	Siam	U.S.A.
Netherlands	Singapore	U.S.S.R.
Norway	Spain	Union South Africa
Nigeria	Sweden	Venezuela
Pakistan	Syria	
Philippines	Tanganyika	
Poland	Turkey	

INFECTED PORTS

Ships coming to Dublin or calling at infected ports during 1962 numbered 26. These ships had made a total of 42 visits to infected ports. Details are as follows :

PORT	STATE	QUARANTINABLE DISEASE
Colombo	Ceylon	Smallpox
Calcutta	India	Smallpox and Cholera
Chalna	Pakistan	Cholera
Chittagong	Pakistan	Cholera
Cochin	India	Smallpox
Dar-es-Salaam	Tanganyika	Smallpox
Hong Kong	Hong Kong	Cholera
Madras	India	Smallpox
Manila	Philippines	Cholera
Pondicherry	India	Smallpox
Port Elizabeth	Union of S. Africa	Typhus
Port Sudan	Sudan	Smallpox
Rio de Janeiro	Brazil	Smallpox
Visagapatam	India	Smallpox

NOTE—"Infected Ports" are ports which have been notified by the World Health Organisation in its Daily Radio Bulletin and Weekly Epidemiological Record as places infected by one or more cases of a quarantinable disease.

No cases of quarantinable disease were discovered at Dublin.

RODENT CONTROL

Certificates Issued :

Deratting Certificates	....	....	....	Nil
Deratting Exemption Certificates	....	....	....	48
Total	....	....	....	48

As in previous years some ships were examined in part only because the amount of cargo remaining in the holds did not allow of complete examination being carried out by the Port Health Inspectors. In such cases the results of the inspection were sent to the Port Medical Officer of the next port of call. In some instances such inspections were carried out at the request of another port health authority. Such reciprocal practices have existed for some years.

Rodents Destroyed :

The returns submitted by the Engineer, Dublin Port and Docks Board showed that 185 rats had been killed by poisoning.

There were 188 mice poisoned. Specimens of trapped rats were sent to the City Bacteriologist from time to time for examination. In no case was evidence of plague infection found.

Notices :

In connection with rodent control on board ships, the following Notices were given to Masters of ships concerned :

6 verbal notices to lay traps or poison for rats.

4 verbal notices to lay traps or poison for mice.

IMPORTATION OF USED CLOTHING, RAGS, ETC.

Infectious Diseases Regulations 1948 : Article 20 :

Article 20 of the Infectious Diseases Regulations, 1948, requires that rags and used clothing imported from any place outside Great Britain or Northern Ireland shall be effectually disinfected on arrival at the Port. If the goods are imported from Great Britain or Northern Ireland and are not accompanied by a certificate of prior disinfection by steam, signed by the Medical Officer of Health of their place of origin, they must be disinfected on arrival. During the year 427 bales of rags were disinfected at the Dublin Health Authority's Disinfecting Depot. Following disinfection the goods were returned to the control of the Customs Authorities for subsequent release to the importers.

One or two importers continue to import sizeable consignments of rages for industrial purposes without ensuring that the goods are accompanied by the required certificate. Such goods are always detained and sent for disinfection.

IMPORTATION OF PSITTACINE BIRDS

Infectious Diseases (Amendment) Regulations 1952 :

Thirty-three (33) budgerigars were imported in contravention of the above Regulations. These birds were seized by the Customs authorities and were later handed over to a representative of the Health Authority. They were then painlessly destroyed and the necessary destruction certificates were sent to the Customs officers concerned. The figure 33 shows a reduction of 6 as compared with the 1961 figure for birds illegally imported.

The following birds were imported under the terms of the licence issued by the Minister for Health to the Royal Zoological Society :—

	37 parrots
	5 parrakeets
	2 cockatiels
	7 lovebirds
	14 budgerigars
	5 Macaws
Total	<hr/> 70

The birds underwent a period of quarantine at the Dublin Zoo.

The Department of Health notified that the period of quarantine for birds imported under the terms of the above Regulations might be reduced from six to three months.

INSPECTION OF SHIPS FOR NUISANCES

Nuisances discovered on board ships were as follows :

W.C.s choked	....	....	....	....	....	3
W.C.s dirty	....	....	....	....	....	2
W.C.s discharging on quayside			....	....	....	13
Crew Quarters dirty	....	....		....	....	3
Food stores dirty	....	....	....	....	....	6
Bedding stored in Food Store			....	....	....	4
Galleys and Pantries dirty	....		....	....	....	8
Cockroach infestation		....	....	....	....	7
Gear stored in Crew Quarters			....	....	....	5
Bilge covers defective		....	....	....	....	4
Leaking portlight	....	....	....	....	....	5

INSPECTION OF IMPORTED FOODSTUFFS :

Food Hygiene Regulations 1950 : Chapter 11

The inspection and, where necessary, the detention of cargoes of imported foodstuffs, continued as before. Unfortunately, it is not possible to examine all incoming foodstuff cargoes. The list on the following page gives some idea of the scope of the work. This list does not pretend to give a complete record of all the foodstuffs found to be unfit for sale for human consumption. Where “destroyed by burying” is given as the means of final disposal, it refers to the burying of the unfit goods at a Dublin Corporation tiphead. This work is always supervised by a Port Health Inspector.

Sampling of Imported Foodstuffs

There was a further increase in the numbers of samples of imported foodstuffs taken and sent for bacteriological or chemical examination (or both). A total of 512 foodstuffs samples were taken (as against 397 in 1961) and included the following items :—

Rice, Evaporated Milk, Desiccated Coconut Biscuits,
Condensed Milk, Olives, Dates, etc.

No less than 485 samples of Desiccated Coconut were taken and submitted to the City Bacteriologist for examination for evidence of food-poisoning organisms. Happily all samples examined were found to be free from organisms of the salmonella and dysentery groups.

FOODSTUFFS UNFIT FOR SALE FOR HUMAN CONSUMPTION

TYPE OF FOODSTUFF	AMOUNT INVOLVED	REASON FOR DETENTION	FINAL DISPOSAL
Apples Apples (canned) Cherries Dates	1,245 cartons 35 x 6 lb. cans 9 x 56 lb. cartons 300 cases	Advanced decomposition Cans blown, damaged or leaking Contaminated by dirt and dust Infestation by insects	Destroyed by burying Destroyed by burying Destroyed by burying Permission to re-export given. Medical Officer of next port informed.
Grapes Ginger in syrup Fruit in cans (includes grapefruit, peaches, pineapple, oranges and mixed fruits)	296 x 11 lb. trays 6 casks 2,555 cans	Damaged in transit Contaminated by dirt and dust Cans blown, damaged or leaking	Destroyed by burying Destroyed by burying Destroyed by burying, but 1,123 cans of fruit were allowed to go to the Zoo for animal feeding
Desiccated coconut Prawns	260 lbs. 2 boxes	Damp, growth of mould Decomposed	Destroyed by burying Burned in a shipping company's furnace
Raisins Rice Sultanas Margarine Tomato juice (canned) Tomato puree (canned)	210 lbs. 486 lbs. 6,468 lbs. 284 lbs. 9 x 5 kilo cans 58 x 5 kilo cans	Contaminated by horse urine Contaminated by dirt General deterioration Contaminated by dust and dirt Cans blown or leaking Cans damaged and leaking	Destroyed by burying For animal feeding Destroyed by burying Destroyed by burying Destroyed by burying Destroyed by burying

INSPECTION OF FOOD AND WATER ON IRISH REGISTERED SHIPS

(Section 24 of the Merchant Shipping Act of 1906 and Section 68 of the Health Act of 1953)

The Port Health Inspectors who are Authorised Officers for the purpose of the above enactment, carry out frequent inspections of food and water supplies on Irish registered ships.

Foodstuffs : The food supplies on Irish ships continue to be satisfactory and no untoward reports were received.

Water Supplies : In general the water carried on Irish ships was found to be of good potable quality. In three cases the water showed a rather high alkaline reaction and this was found to be due to the newly applied cement wash with which the water tank had been treated during an overhaul. These were only two instances of unsatisfactory bacteriological results. In these cases the shipowners were instructed to chlorinate the water in the tanks and supply pipes. A check on the work was carried out by the Port Health Inspectors.

Each year a report on the above work is prepared by the Authorised Officers and is sent by request to the Secretary, Department of Transport and Power.

MISCELLANEOUS

Amongst the many other activities of the Port Health Service may be included the following :

Demonstrations of Port Health Service Activities to doctors undergoing training for the Diploma in Public Health.

Investigation of reports of nuisances.

Inspection of food premises, canteens and mess rooms.

Inspection of work of rodent control operatives.

Inspection of quayside toilet accommodation and of disposal of wastes.

Inspection of food manufacturing businesses.

Inspections of office premises.

Precautions against the Importation of Smallpox :

During January notification was received that several cases of Smallpox had been imported into England and that outbreaks of the disease had resulted. At once special emergencies were put into effect at the Port of Dublin. Briefly these measures consisted of the following :—

- (a) By arrangement with the shipping companies which operated passenger services from Britain to Dublin (North Wall and Dun Laoghaire) all passenger ships were boarded on arrival by officers of the Port Health Service.

- (b) Efforts were made to identify passengers who had visited the known infected local areas in Britain. Such passengers were requested by means of repeated announcements made over the ship's public address system to report to the Port Health Officer standing at the head of the gangway.
- (c) Details of the passengers' recent movements were sought and recorded, and the addresses in Ireland to which they were proceeding were noted.
- (d) The vaccination state of such passengers was enquired into and where the person did not bear evidence of a recent vaccination (as defined in the International Sanitary Regulations) a strong recommendation for immediate vaccination was made.
- (e) A copy of the Special Notice published by the Department of Health was given to the passengers and they were allowed to go on their way.
- (f) On the day of the passengers' arrival a notification was sent to the Chief Medical Officer of the city or county to which they had indicated they were travelling. This notification contained details of the traveller's address of destination and information concerning their vaccination history.

Later as the position in Britain worsened and smallpox spread to other areas, the precautionary measures were extended to include passengers from those regions. A further innovation was the provision of a vaccination service on board the passenger ships as they arrived. For this, extra doctors were on duty as required.

The services of extra Health Inspectors were sought, and the help of the twenty-one Inspectors who were temporarily attached to the Port Health Service was greatly appreciated.

The measures outlined above were in effect from early in January to mid-May. During that period 79,767 passengers arrived by sea from Britain at the North Wall, Dublin and at Carlisle Pier, Dun Laoghaire. Of these, 930 were identified as having come from notified local infected areas. Only 39 travellers availed of the offer of free vaccination against smallpox.

DUBLIN AIRPORT

INFECTIOUS DISEASES (AIRCRAFT) REGULATIONS, 1948

Health control measure (limited to the procedures specified in the International Sanitary Regulations) may be applied to aircraft arriving at Dublin Airport. There is normally no health control of aircraft which fly exclusively between airports in the United Kingdom and Dublin Airport, or which arrive from airports located in what is known, under the terms of an international agreement as the "excepted area".

An aircraft to which the appropriate health control measures are applicable, may be detained.

During 1962 the only aircraft which were detained for any length of time were those which were engaged on the several airlifts involving Irish troops on their return from Leopoldville, Republic of Congo. The numbers of aircraft which had some health control measures applied to them, and the airports from which their flights began are given herewith :

Barcelona, Spain	....	....	....	....	47
Basle, Switzerland	....	....	....	....	4
Boston, U.S.A.	....	....	....	....	11
Christiansand, Norway	....	....	....	....	1
Copenhagen, Denmark	....	....	....	....	86
Delaware, U.S.A.	....	....	....	....	1
Detroit, U.S.A.	....	....	....	....	1
Gander, Newfoundland	....	....	....	....	3
Goose Bay, Labrador, Canada	....	....	....	....	1
Leopoldville, Congo	....	....	....	....	28
Lisbon, Portugal	....	....	....	....	26
Madrid, Spain	....	....	....	....	2
Malaga, Spain	....	....	....	....	1
New York, U.S.A.	....	....	....	....	437
Oporto, Portugal	....	....	....	....	1
Oslo, Norway	....	....	....	....	1
Ottawa, Canada	....	....	....	....	1
Palma, Majorca, Spain	....	....	....	....	15
Philadelphia, U.S.A.	....	....	....	....	2
Sofia, Bulgaria	....	....	....	....	2
Stockholm, Sweden	....	....	....	....	1
Sydney, N.S., Canada	....	....	....	....	1
Sydney, Australia	....	....	....	....	1
Tel Aviv, Israel	....	....	....	....	4
Toronto, Canada	....	....	....	....	4
Valencia, Spain	.....	....	....	....	9
Wilmington, U.S.A.	....	....	....	....	1
Zurich, Switzerland	....	....	....	....	84
Total	....	....	....	....	776

HEALTH CONTROL, CONGO AIRLIFT :

The arrangements previously made with the Army authorities, the Airport Manager and the Chief Preventive Officer, Customs and Excise were maintained. Special health control measures were applied to the troops returning from service in the Congo under the auspices of the United Nations.

All persons arriving from the Congo were inspected and their vaccination documents were examined. By arrangements with the Army all were given a copy of the "Important Notice to Travellers" published by the Department of Health.

Members of the aircrew were seen and their international certificates of vaccination were checked.

The Supervising Health Inspector examined all aircraft arriving from the Congo. A van containing equipment for disinsecting and disinfecting aircraft was kept standing by during arrivals of aircraft.

Two such airlifts took place during the year, in May and in October-November. The final figures were :

No. of Irish Troops Inspected	Aircrew	No. of Aircraft
1,654	259	28

SMALLPOX IN EUROPE :

A number of outbreaks of Smallpox took place in Western Germany and in Britain. It was necessary to apply special health control measures to persons arriving by air from places defined as local infected areas. The problem was—as always—the identification of travellers who had, in fact, come from or had passed through towns in which smallpox had broken out, and who might justifiably be considered to be at risk. It cannot be said that the problem was resolved in an entirely satisfactory manner during the duration of the special measures. However, the usual generous co-operation of the Traffic Staff of Aer Lingus—Irish International Airlines made it possible to work out a scheme which was designed to reduce to a minimum the delays to passengers which are inevitable under such circumstances. The special health control arrangements were in force from early January to the middle of May. During this period a total of twelve areas in Europe were declared to be infected with smallpox. Four of these were in the Federal Republic of Germany and the remaining eight were in Britain.

The measures which were put into effect included the following :

1. The broadcasting over the public address system at the North Terminal of notices to arriving passengers. Passengers who had come from or who had passed through any of the infected local areas were requested to report to the Health Control Room.
2. The loudspeaker announcements were supplemented by large printed posters placed at strategic points and embodying a similar request.

3. Passengers who reported to the Health Control Room were interviewed by a member of the Port Health Staff or by one of the airport nursing sisters.
4. Details of the passenger's itinerary were recorded, his destination address in Ireland was established and his vaccination state was checked.
5. If it was considered advisable that the passenger should be vaccinated he was offered free vaccination and if he accepted this was carried out by the Medical Officer on duty.
6. The passenger was given a copy of the "Important Notice to Travellers" published by the Department of Health.
7. A report on the above details was sent to the Chief Medical Officer of the city or county to which the passengers had indicated he was travelling.
8. In April it was decided that time would be saved by arranging to have air passengers complete landing cards in advance of their arrival at Dublin Airport. With the co-operation of the Air companies concerned, these cards were issued to passengers in flight when they were asked to give details about where their journey had originated, where they were travelling to and about their vaccination state.
9. A temporary suspension of the airport health control arrangements which are normally applied within the framework of a Partial Agreement adopted by the Council of Europe, was put into effect from January to May. In practice this meant that certain aircraft voyaging exclusively between the territories known collectively as the "excepted area" were subject to health control on their arrival at Dublin Airport. In such cases the Captain of the aircraft was required to complete the health part of the Aircraft General Declaration.

AIRPORT HYGIENE AND SANITATION :

Inspections of various installations and buildings were carried out as in previous years. The activities covered include the hygienic state of aircraft, water supplies on the ground and in the air, disposal of wastes, nuisances, food supplies, new buildings, pest control, etc., etc. In general progress in these matters continues but at a regrettably slow rate. The amount of new building operations and the constant alterations to existing premises and the attendant confusion, all seem to put a brake on the efforts made to keep up a high standard of sanitation. The supervising Health Inspector keeps a close watch on all activities.

VACCINATIONS AGAINST SMALLPOX

The Medical Officer, Irish International Airlines, carried out the following vaccinations.

Primary Vaccinations	....	....	....	517
Re-Vaccinations	....	....	....	1,621
Total	....	....	....	2,138

A marked increase in the number of vaccinations of persons employed at Dublin Airport is shown to have occurred. That this took place certainly represents a welcome improvement in the situation. It was of course inspired by the closeness of the outbreaks of smallpox in Britain and in Western Germany. It is gratifying to note that the vaccination state of the persons employed by the State at Dublin Airport has also improved, a total of 110 vaccinations having been carried out for personnel of Air Traffic Control, Customs and Excise, Department of Agriculture, Meteorological Service, Immigration and State Radio Services.

INFECTIOUS DISEASES (AMENDMENT) REGULATIONS 1952

(Importation of Psittacine Birds) :

Four budgerigars were imported in contravention of the above Regulations. These birds were seized by the Customs Authorities and were later handed over to a representative of the Health Authority. They were then painlessly destroyed and the necessary destruction certificates were sent to the Customs Officers concerned.

INFECTIOUS DISEASES REGULATIONS 1948

(Article 20, Importation of Used Clothing, Rags, etc.) :

During the year ten bales of second-hand clothing were imported at Dublin Airport without being accompanied by satisfactory evidence of disinfection as required by the above Regulations. The goods were detained by the Customs Authorities and were then brought to the Dublin Health Authority's Disinfecting Depot at Francis Street where they were disinfected by steam. Following disinfecting the articles were returned to the control of the Customs Authorities at the Airport.

VETERINARY DEPARTMENT

JOSEPH M. MURPHY, M.R.C.V.S., D.V.S.M.

Chief Veterinary Inspector and Superintendent of Abattoir

STAFF

ASSISTANT CHIEF VETERINARY INSPECTOR :

D. Reeves, M.R.C.V.S., D.V.S.M. (Acting)

DEPUTY SUPERINTENDENT OF ABATTOIR :

P. J. Nolan, M.R.C.V.S.

VETERINARY INSPECTORS :

M. O'Boyle, M.R.C.V.S.

O. C. O'HARE, M.R.C.V.S.

J. A. FALLON, M.R.C.V.S.

J. Corr, M.R.C.V.S.

M. S. Tubridy, M.R.C.V.S.

(One position vacant since 14th November, 1962)

HEALTH INSPECTORS :

7 (including 1 at Abattoir and 1 Milk Sampling Officer)

CLERICAL STAFF :

Cornmarket—1 Class A Officer, 1 Clerical Officer,
1 Clerk-Typist

Abattoir—1 M.S.O., 3 Clerical Officers.

RETIRAL OF MR. J. M. MORRIS, M.R.C.V.S., DEPUTY CHIEF VETERINARY INSPECTOR

The year 1962 was marked by the retiral on 13th November of Mr. John M. Morris from the position of Deputy Chief Veterinary Inspector, after a period of almost forty years in the Corporation Veterinary Service.

Mr. Morris spent over 35 of these years at the Dublin Corporation Abattoir, where he held the post of Deputy Superintendent and where he was held in the highest esteem by everyone with whom he came in contact.

He specialised in his judgment on animals sent in for emergency slaughter. He was acknowledged by the Veterinary Profession as an expert in the field of meat inspection and many tributes have been paid to him both by Veterinary Practitioners within

100 miles radius of Dublin, who sent in animals to the Abattoir, and by the students of the Veterinary Faculty for whom he, week after week, carefully kept aside interesting specimens to give them case histories.

He also took a great interest in the relative frequency in the different districts of the country of malignant neoplasms in cattle and wrote a paper on the subject, which was read before the Veterinary Medical Association of Ireland. In any future assessment on the subject of malignancy in cattle, the conclusions reached by Mr. Morriss would merit the closest study.

The last four years of his service were spent as Deputy Chief Veterinary Inspector at the Corporation Veterinary Headquarters at Cornmarket. In this position he also displayed outstanding ability.

His modest, friendly disposition created friends for him everywhere, and his kindness and loyalty will be missed by the host of friends which he made during his long period of service and more especially by his colleagues in the Veterinary Service who wish him good health and many years to enjoy his well-earned retirement. The Corporation Veterinary Service has been deprived of one of its most outstanding members by his retiral.

THE DUTIES OF THE VETERINARY DEPARTMENT ARE CLASSIFIED AS FOLLOWS :—

1. Milk Inspection.
2. Meat and other Food Inspection and Duties under the Food Hygiene Regulations, 1950.
3. Duties under Diseases of Animals Acts.
4. Veterinary Laboratory.

MILK INSPECTION

On 31st December, 1962, there were 1,838 entries in the Register of Dairymen kept by the Corporation in accordance with the requirements of the Milk and Dairies Act, 1935.

These comprised :—

Milk Shops	....	....	....	....	....	1,608
Milk Stores	....	....	....	....	....	50
Milk Vending Machines			....	....	....	1
Pasteurising Plants	....	....	....	....	....	6
Milk producers inside sanitary district					....	93
Milk producers outside sanitary district					....	80

The 93 Registrations of Milk Producers inside the Sanitary District embrace 92 Milk Producers of whom 18 were not actively engaged in milk production at 31st December, 1962.

The 80 Registrations of Milk Producers outside the Sanitary District embrace 67 Milk Producers, as some of them are registered in respect of more than one vehicle.

During the year new entries in the Register of Dairymen affecting 200 premises—193 milk shops, 2 dairy yards, 3 milk stores, 1 vehicle, and 1 milk vending machine—were made.

Refusal of registration orders were served in respect of applications for 5 premises.

The following is a summary of the Dealer's Licences issued under the Milk and Dairies (Special Designations) Regulations, 1938 :—

No. of licences issued	....	....	....	....	1,587
No. of licences issued for sale of pasteurised milk					1,580
No. of licences issued for sale of highest grade milk	....	....	....	....	7
No. of premises covered by licence	....			....	1,667

Refusal Orders were served on 5 applicants for Dealer's Licences.

Regular inspections of milk shops and milk stores were made by inspecting officers to ensure that the provisions of the Act were being complied with; in the course of the year 3,113 inspections were made.

MILK SAMPLING

During the year 116 samples of milk sold under Special Designations and 122 samples sold under General Designations were taken on the Corporation's own behalf at various places of distribution and submitted for bacteriological examination. The following is a summary of the results :—

Total Living Organisms Per C.C.	General Designation	Special Designation
Not exceeding 1,000	3	4
Over 1,000 but not over 50,000	81	91
Over 50,000 „ „ „ 100,000	22	11
Over 100,000 „ „ „ 200,000	9	4
Over 200,000 „ „ „ 300,000	1	2
Over 300,000 „ „ „ 400,000	—	4
Over 400,000 „ „ „ 500,000	2	—
Exceeding 500,000	2	—
Result inconclusive	2	—
TOTAL	122	116

In addition to the foregoing sampling, this Department, at the request of the Department of Agriculture, took monthly samples from each producer of Highest Grade Milk at the premises of the large milk concerns, and forwarded them to the State Chemist. In all, 1,034 samples of milk of special designation were forwarded to the State Chemist, on behalf of the Minister for Agriculture, who is the licensing authority for the production or pasteurising or bottling of all milk for sale under special designation.

SEDIMENTATION (OR DIRT) TEST

This test was carried out in 98 cases. It has a strictly limited value. It is easily applied and the results can be demonstrated to the vendor at the time of examination. It reveals only gross contamination by physical dirt (e.g. dust, hair, etc.) and gives no indication of the amount of bacterial contamination. The following is a summary of the results :—

YEAR	No. of Samples	Very Clean	Clean	Fairly Clean	Dirty	Very Dirty
1962	98	66	30	2	—	—

MILK & DAIRIES ACT, 1935 (SALE OF MILK IN COUNTY BOROUGH OF DUBLIN ORDER, 1962)

The above important item of legislation, representing a considerable step forward in securing the prevention of tubercular infection from milk, was enacted during 1962.

The Order was made by the Minister for Health on the application of the Corporation, as the Sanitary Authority for the City.

This Order prohibits from 1st January, 1963, the sale of milk in the County Borough of Dublin unless such milk is sold under a special designation within the meaning of Part IV of the Milk & Dairies Act, 1935. The effect of this Order is that all milk sold in the City of Dublin on and after 1st January, 1963, must be :—

- (1) Highest Grade Milk;
- (2) Standard Milk;
- (3) Pasteurised Milk; or
- (4) Grade I Pasteurised Milk.

EXAMINATION OF MILCH COWS IN CITY DAIRY YARDS

Special visits were made to City Dairy Yards by the Veterinary Staff to clinically examine the cows housed therein. Samples of milk were taken from cows with abnormal udders and examined microscopically in the Veterinary Laboratory.

In the cases of abnormal udders, the milk from which was negative on microscopic examination, further samples were submitted to biological tests.

These precautions were adopted to ensure that no cow with a tuberculous udder would escape detection.

The following is a summary of the work :—

Average No. of cows housed in City Dairy Yards	1,761
No. of special visits to Dairy Yards	.... 190
No. of examinations of milch cows	.... 3,907
No. of cows in City Dairy Yards found with tuberculosis of the udder	.... Nil
No. of cows from which separate samples of milk were taken for bacteriological examination	24

PROSECUTIONS

During the year 3 persons were prosecuted for selling milk from unregistered dairy premises.

In one case the Probation Act was applied as the dependant had discontinued to sell milk before the Court hearing.

The other two cases were adjourned for a month on the defendants' undertaking to discontinue the sale of milk. As this undertaking was honoured in each case, proceedings were discontinued.

MEAT INSPECTION

Number of animals slaughtered at the Corporation Abattoir :

Bulls	....	....	....	....	193
Bullocks	....	....	....	....	4,802
Cows	....	....	....	....	2,292
Heifers	....	....	....	....	22,387
Calves	....	....	....	....	312
TOTAL CATTLE					29,986
Sheep	....	....	....	....	215,554
Swine	....	....	....	....	23,727
TOTAL ANIMALS					269,267

Number of Victuallers other than Pork Butchers using the Abattoir	....	....	....	....	....	152
Number of Pork Butchers using the Abattoir	....	....	....	....	....	52

INCIDENCE OF TUBERCULOSIS IN CATTLE KILLED AT ABATTOIR
DURING TWELVE MONTHS ENDING 31st DECEMBER, 1962.

CLASS OF ANIMAL	Total No. Killed	Total No. Affected	Percentage Affected
Bulls	193	6	3·11%
Bullocks	4,802	135	2·81%
Cows	2,292	71	3·1%
Heifers	22,387	291	1·3%
Calves	312	2	·64%
TOTAL	29,986	505	1·68%

CYSTICERCUS BOVIS

Total number of cattle killed	29,986
Total number of cattle affected	126
Percentage affected	·42%

The total amount of unsound meat condemned at the Abattoir during the year 1961, was :

Tons	Cwts.	Qrs.	Lbs.
305	10	2	—

CARCASSES WHOLLY OR PARTIALLY CONDEMNED BY THE CORPORATION VETERINARY STAFF AT THE ABATTOIR DURING THE TWELVE MONTHS ENDED 31st DECEMBER, 1962.

	CATTLE		SHEEP		SWINE	
	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.	Whole	Partial Weight in lbs.
Tuberculosis	6	732	—	—	2	80
Traumatism	2	5,059	4	108	—	142
Oedematous and Wasted	15	—	37	—	—	—
Redwater	3	—	—	—	—	—
Moribund and Ill Bled	22	—	—	—	—	—
Decomposition	3	50	103	—	17	—
Septic conditions	42	110	8	—	30	26
Malignant Neoplasms	5	—	3	—	2	—
Other conditions	60	1,634	235	110	41	511
TOTALS	158	7,585	390	218	92	759

ABATTOIR POST-MORTEM EXAMINATION OF TUBERCULOUS CARCASSES

(By Corporation Veterinary Staff)

ORGANS, ETC., AFFECTED	Cows	Heifers	Bullocks	Bulls	Calves	Total
Pleura	2	5	1	—	1	9
Peritoneum	1	4	1	—	—	6
Lung Substance	6	10	4	—	1	21
Liver Substance	4	6	3	—	—	13
Spleen Substance	1	3	2	—	—	6
Kidney	2	2	2	—	—	6
Uterus	—	1	—	—	—	1
Prescapular Gland	2	1	—	—	—	3
Precural Gland	—	2	1	—	—	3
Popliteal Gland	2	—	—	—	—	2
Ischiatic Gland	—	2	—	—	—	2
Suprasternal Gland	—	3	1	—	—	4
Pharyngeal Gland	21	92	8	—	—	121
Bronchial Gland	24	90	6	—	1	121
Mediastinal Gland	17	38	5	—	1	61
Mesenteric Gland	11	27	5	—	—	43
Portal Gland	11	30	5	—	—	46
Renal Gland	1	2	2	—	—	5
CARCASSES CONDEMNED						
Whole	2	2	2	—	—	6
Partial	2	8	—	—	—	10
Organs and Strippings	1	—	—	—	2	3
Organs only	34	142	8	—	—	184
TOTAL NUMBER OF ANIMALS AFFECTED					203	

RETURN OF ORGANS, ETC., CONDEMNED BY THE CORPORATION VETERINARY STAFF AT THE ABATTOIR FOR TWELVE MONTHS ENDING 31st DECEMBER, 1962.

	CATTLE	SHEEP	SWINE		CATTLE	SHEEP	SWINE
LUNGS :				LIVERS :			
Tuberculosis	133	—	72	Tuberculosis	62	—	72
Abscesses	8	10	9	Abscesses	152	9	3
Pneumonia	37	12	49	Necrosis	7	—	3
Pleurisy	11	8	286	Cirrhosis	22	—	83
Parasitism	1	—	—	Distomatosis	642	496	—
Other conditions	30	17	116	Cav. Angioma	134	—	—
				Other conditions	111	23	225
HEARTS :				KIDNEYS :			
Tuberculosis	132	—	72	Tuberculosis	6	—	7
Other conditions	50	20	450	Other conditions	27	—	18
STOMACHS :				UTERI :			
Tuberculosis	38	—	30	Tuberculosis	1	—	—
Other conditions	13	1	30	Other conditions	—	—	—
INTESTINES :				HEADS :			
Tuberculosis	38	—	30	Tuberculosis	119	—	354
Other conditions	13	1	30	Actino	48	—	—
				Abscesses	4	—	2
SPLEENS :				Other conditions	75	—	1
Tuberculosis	6	—	3	TONGUES :			
Other conditions	2	—	2	Tuberculosis	119	—	354
				Actino	48	—	—
				Other conditions	79	—	3

RETURN FOR TWELVE MONTHS ENDING 31st DECEMBER, 1962, OF ANIMALS EXAMINED BY DEPARTMENT OF AGRICULTURE VETERINARY STAFF AT CORPORATION ABATTOIR.

Class of Animal	Carcases Affected	Condemnations for Tuberculosis							Condemnations for other conditions		No. of Livers rejected as unfit for export due to distomatosis, parasitism, etc.
		Whole Carcases	Part Carcases	Hearts and Lungs	Stom-achs	In-testines	Livers	Heads	Heads C. Bovis	Carcases	
Cows	32	—	3	22	8	8	8	19	9	2 Oedema 1 Septic	998
Bulls	6	—	1	5	3	3	3	2	—	—	149
Bullocks	125	4	17	83	31	36	34	61	14	1 Oedema 5 Septic 1 Malignant Neoplasm	2,491
Heifers	139	7	11	90	37	41	40	76	57	1 Emaciation	5,433
TOTALS	302	11	32	200	79	88	85	158	80	11	9,071

PRIVATE SLAUGHTERHOUSES

Number of private slaughterhouses (of which 3 are not in use at present)	....	....	....	45
Number of bacon factories	....	....	....	3
Number of export meat factories	....	....	....	1
(NOTE.—The bacon factories and the meat export factory are supervised by the Veterinary Staff of the Department of Agriculture).				
Number of horse slaughterhouses (for proprietary dog food)	....	....	....	1
Number of knackers' yards	....	....	....	1
Number of victuallers using private slaughterhouses				139
Number of inspections of slaughterhouses				7,004
Number of cattle examined by Veterinary Staff in private slaughterhouses	....	....	....	41,031

The total number of pigs slaughtered in the three bacon factories for the year was 87,148.

ESTIMATE OF ANIMALS SLAUGHTERED IN PRIVATE SLAUGHTERHOUSES

Cattle	....	....	....	....	....	....	40,326
Sheep and Lambs	....	....	....	....	....	....	166,920
Pigs	....	....	....	....	....	....	806

NUMBER OF ANIMALS TOTALLY CONDEMNED IN PRIVATE SLAUGHTERHOUSES

Cattle	....	....	....	....	....	....	15
Sheep	....	....	....	....	....	....	8
Pigs	....	....	....	....	....	....	—

The amount of unsound meat condemned as a result of visits to private slaughterhouses was 34 tons, 12 cwts., —qr., 23 lbs.

SLAUGHTER OF ANIMALS ACT, 1935

Slaughter licences were issued under the Act to 133 applicants, and the fees received amounted to £33 5 0d.

It is interesting to note the gradual increase in the total number of cattle and sheep killed in the City of Dublin for home consumption as the following figures for the past five years show:

		Cattle	Sheep
1958	....	50,609	209,747
1959	....	52,298	255,026
1960	....	54,885	262,348
1961	....	60,065	262,095
1962	....	65,372	278,750

SCHEME OF INDEMNIFICATION OF BUTCHERS AGAINST LOSS AS A
RESULT OF CONDEMNATION OF BEEF BECAUSE OF TUBERCULOSIS.

The Indemnification Scheme came into operation on 4th July, 1960, and applied only to Bullocks and Heifers which had not been purchased under contract under the Department of Agriculture's Bovine Tuberculosis Eradication Scheme and which had not been certified under the Fat-stock Guarantee Scheme of Calf Subsidy Scheme in Northern Ireland.

The rates of indemnification paid were the average prices of bullocks and heifers at the Dublin Cattle Market in respect of the week immediately prior to slaughter, converted to pence per lb. deadweight, on the basis that 6d. per liveweight cwt. is equivalent to 0.1d. per lb. deadweight.

Indemnification applied only to meat condemned because of tuberculosis.

The Scheme came to an end on 31st March, 1962, and during the three months period from 1st January, 1962, 6 claims for whole carcasses condemned and 6 claims for part-carcasses condemned were forwarded by this Department to the Department of Agriculture for payment of compensation to the victuallers concerned.

FOOD COMPLAINTS

During the year 46 complaints were made by members of the public concerning food purchased by them in the city. Each complaint was investigated and, where necessary, an examination was made of the food on the vendor's premises.

The following is a list of the various articles submitted for examination showing the number of complaints :

Fish	....	....	6	Beef, Lamb and Pork....	7
Bacon	....	....	7	Black and White Pudding	2
Liver	....	....	3	Fowl	....
Milk	....	....	15		6

Veterinary Inspectors made 1,690 visits to food shops, depots, cold stores, wholesale premises and factories, etc. Meat supplies to Institutions of the Dublin Health Authority were inspected periodically, as were the supplies to the schools under the School Meals Scheme. The Corporation Wholesale Fish Market was inspected regularly during the year.

TOTAL WEIGHT OF UNSOUND FOOD FOR THE YEAR

				Tons	cwts.	qrs.	lbs.
Meat and Organs, Beef, Mutton,							
Pork, Bacon	....	....		340	2	2	23
Fowl and Game	....	....	....	1	2	—	1
Fish	....	....	....	—	19	2	25

FOOD HYGIENE REGULATIONS, 1950

During the year 35 new applications for registration, classified as follows, were received : Beef Butchers, 13; Pork Butchers, 5; Beef and Pork Butchers, 8; Fish and Poultry, 5; Manufacturing and Wholesale, 4. The premises in each case were inspected and the applicant was notified of registration, provisional registration or refusal. In addition, premises which were provisionally registered at the close of 1961 were dealt with. The following table gives the position at the end of the year :

TYPE OF FOOD BUSINESS	Registered	Provisionally Registered	Extended Provisional Registration	Refused Registration during Year	Appeals not determined at 31/12 /62
Beef Butcher	314	4	1	2	3
Pork Butcher	124	1	—	—	—
Beef and Pork Butcher	42	1	2	1	1
Fish/Poultry/Rabbits	83	2	—	1	—
Food Manufacturing and Wholesale	45	1	—	1	—
Ice-Cream Manufacturing	3	—	—	—	—
TOTAL	611	9	3	5	4

Under Article 44, Sub-Articles 2 and 3, 15 entries were cancelled in the Register of Food Premises.

Under Article 44, Sub-Articles 1 and 2, the registration of 20 applicants who transferred their business was cancelled, and the new proprietors' names were entered in the Register.

Apart from the supervisory visits of Veterinary Inspectors, 9,233 inspections of food premises were made by Health Inspectors during the year.

PROSECUTIONS

During the year 1962 there were two prosecutions brought by this Department in respect of breaches of the Food Hygiene Regulations. One concerned the keeping of a food animal for sale which was unfit for human consumption. In this case a fine of £8 was imposed with £3 3s. 0d. costs.

The other case related to the transportation of a quantity of meat on a carrier bicycle, the meat being uncovered and unwrapped. In this instance the offence was proved but the defendant was given the benefit of the Probation Act.

DISEASES OF ANIMALS ACTS

BOVINE TUBERCULOSIS ERADICATION SCHEME

It is very gratifying to note the progress which has been made in the eradication of tuberculosis from our cattle under the above scheme as indicated by the reduction in the incidence of the disease found on post-mortem examination of the cattle killed in the City of Dublin in recent years.

The following table shows the reduction of the incidence of the disease at the Dublin Corporation Abattoir in the past four years :—

Year	Total No. of Cattle Slaughtered	Total No. Affected	Overall Percentage
1959	27,908	2,824	10% (approx.)
1960	33,583	2,457	7.316%
1961	36,804	1,086	2.95%
1962	29,986	505	1.68%

There has also been a marked diminution in the incidence of the disease in cattle slaughtered in the private slaughterhouses in the City.

During the year 1962, there were 41,031 cattle examined by the Veterinary Staff of this Department in private slaughterhouses and only 256 of them were affected with tuberculosis.

Thus the total figures for the cattle slaughtered in the City of Dublin for the year 1962 show that 71,017 cattle were slaughtered during the year and 761 of them were affected with the disease, which gives an overall incidence of 1.07% for the large number of cattle.

BOVINE TUBERCULOSIS ORDER, 1926

No. of cows found to be affected with Tuberculosis of the udder	Nil
---	------	------	------	------	------	-----

No. of cows with abnormal udders in City Dairy Yards, on samples of milk being bacteriologically examined, found not to be affected with tuberculosis of the udder	24
--	------	------	------	------	------	----

Total number of animals dealt with	24
------------------------------------	------	------	------	------	----

No animal was found to come within the scope of the Bovine Tuberculosis Order.

Routine work, mainly of a preventive nature, was carried out under the other Diseases of Animals Acts and Orders.

Inspections of the weekly Cattle Markets were made. Store cattle sales, lairages and special sheep sales were also inspected.

THE NUMBER OF ANIMALS IN DUBLIN CATTLE MARKET DURING THE YEAR ENDING 31st DECEMBER, 1962

QUARTER ENDED	FAT CATTLE		DAIRY COWS		CALVES		SHEEP	PIGS	
	Not attested	Attested	Not attested	Attested	Veal	Small		Large	Small
31st March	48,990	—	706	—	51	898	109,632	11,735	3,018
30th June	25,389	—	535	—	20	949	104,701	14,255	3,355
30th September	32,691	—	720	334	58	409	109,870	13,159	2,469
31st December	30,690	7,865	35	842	94	383	84,414	12,525	2,402
TOTALS	137,760	7,865	1,996	1,176	223	2,639	408,617	51,674	11,244

SPECIAL SHEEP & PIG SALES AND SALES OF STORE CATTLE
DURING THE YEAR ENDING 31st DECEMBER, 1962

Quarter Ended	Cattle		Attested Calves	Sheep	Pigs (large)
	Attested	14 Day Tested			
31st March	26,933	10,568	—	—	—
30th June	27,319	14,188	—	167	—
30th September	33,437	10,794	—	11,051	—
31st December	27,206	10,008	2,476	4,376	43
TOTALS	114,895	45,558	2,476	15,594	43

VETERINARY LABORATORY

The work in the Veterinary Laboratory consists of :

- (1) The microscopic examination of samples of milk taken direct from abnormal quarters of cows' udders for the detection of tubercle bacilli or for the presence of organisms causing mastitis.
- (2) The biological examination of direct, group and control milk samples for the detection of tubercle bacilli.
- (3) The taking of blood samples from guinea-pigs previously inoculated with milk for the detection of brucella abortus.
- (4) General microscopic examination of blood films, etc.

MICROSCOPIC EXAMINATION OF MILK

Samples of Milk from Cows in City Dairy Yards :

Number of examinations	....	....	....	....	25
Streptococci	....	....	....	....	14
Diplococci	....	....	....	....	2
Tubercle Bacilli	....	....	....	....	—
Other Organisms	....	....	....	....	3
Negative	....	....	....	....	6

BIOLOGICAL EXAMINATION OF MILK

Group Samples :

Number of examinations	....	....	....	....	1
Positive	....	....	....	....	Nil
Negative	....	....	....	....	1

Direct Samples

Number of examinations	....	....	....	....	4
Positive	....	....	....	....	Nil
Negative	....	....	....	....	4

Miscellaneous Control Samples :

Number of examinations	....	....	....	....	125
Positive	....	....	....	....	Nil
Negative	....	....	....	....	125

During the year agglutination tests for the presence of *Brucella Abortus* were carried out on the blood of 120 guinea-pigs previously inoculated with milk. The following is a summary of the results :

Guinea-pigs inoculated with	No. of Blood Samples Examined	No. Positive	No. Negative
(a) Highest Grade Milk	61	3	58
(b) Milk under a General Designation	47	4	43
(c) Pasteurised Milk	12	Nil	12

MICROSCOPIC EXAMINATION (GENERAL)

Blood Films for Anthrax :

Number of specimens	....	....	....	27
(All Negative)				

SANITARY DEPARTMENT

PATRICK COEN,

Chief Health Inspector

STAFF

DUBLIN NORTH EAST :

Supervising Health Inspector : and nine District Inspectors.

DUBLIN NORTH WEST :

Supervising Health Inspector : and seven District Inspectors.

DUBLIN SOUTH EAST :

Supervising Health Inspector : and eight District Inspectors.

DUBLIN SOUTH WEST :

One Supervising Health Inspector and six District Inspectors.

One Drains Inspector.

Four Food and Drugs Inspectors.

Three Inspectors on Port Health Duties.

One Plans Scrutiny Inspector.

One Supervisor seconded to Department of Health on Tutorial Duties.

Summary of work done by the District Health Inspectors as shown from their Weekly Returns :

Houses Inspected	....	....	....	....	....	29,589
Rooms Inspected	....	....	....	....	....	73,613
Defects Discovered	....	....	....	....	....	12,228
Defects Remedied	....	....	....	....	....	5,993
Nuisance Notices Served	....	....	....	....	....	3,249
Milk Shops Inspected	....	....	....	....	....	9,370
By-law Notices Served	....	....	....	....	....	892
Other Notices Served	....	....	....	....	....	4,271
Factories Inspected	....	....	....	....	....	1,012
Piggeries Inspected	....	....	....	....	....	1,239
Outworkers' Premises Inspected	....	....	....	....	....	67
Cemeteries Inspected	....	....	....	....	....	114
Common Lodging Houses Inspected	....	....	....	....	....	18
Rates Rebates Inspections	....	....	....	....	....	3,894

Offensive Trades Premises Inspected	....	....	331
Drains Tested	....	....	3,029
Drains Cleansed	....	....	808
Drains Repaired	....	....	114
Street Traders Stalls Inspected	....	....	3,498
Houses Officially Represented	....	....	147
Shops Inspected	....	....	4,048
Shops Notices Served	....	....	537
Written Reports Submitted	....	....	8,129
Other Inspections	....	....	11,970
Food Premises Inspected	....	....	12,253
Inspections regarding Rodents	....	....	1,496
Infectious Diseases Inspections	....	....	511
Reports on Food Premises	....	....	2,333
Other Health Inspections	....	....	2,345

DISTRICT COURT WORK

The following is a summary statement of the work done under the Sanitary Services Acts where it was found necessary to institute Court Proceedings.

Number of Summonses Issued	....	....	279
Summonses (Ordinary)	....	....	180
Summonses (Disobedience)	....	....	60
Summonses (Bye-Laws)	....	....	39
Adjourned Summonses brought forward	....	....	2
Adjourned Summonses disposed of	....	....	2
Summonses Adjourned	....	....	84
Orders obtained with costs	....	....	133
Orders obtained with penalties and costs	....	....	5
Orders obtained without costs	....	....	17
Nuisance abatement—costs awarded	....	....	39
Nuisance abatement—no cost awarded	....	....	9
Summonses not served	....	....	10
Summonses dismissed	....	....	14
Owners fined	....	....	76
Total amount of fines imposed	....	£308	15 6

MILK AND DAIRIES INSPECTIONS

No. of shops licensed	....	....	1,550
No. of inspections of milk shops	....	....	9,370

REBATE OF RATES

To receive the benefits of Section 72 (3) of the Local Government (Dublin) Act, 1930, relating to dwellings of not more than £8.0.0. Poor Law Valuation, which are occupied by persons of the Working Classes, the dwellings must be certified by the City Medical Officer as being suitable for the rebate. They must be clean, in good repair and in a proper sanitary condition.

No. of Applications	....	....	....	....	173
No. of Dwellings involved	....	....	....	....	5,778
No. of Inspections carried out	....	....	....	....	6,137
No. of Rebates granted	....	....	....	....	5,655
No. of Rebates refused	....	....	....	....	123

OFFENSIVE TRADES

No. of offensive trades premises registered	....	45
No. of inspections of such premises	....	331

One of the City's oldest established offensive trade firms installed machinery of a new continental type which also consumes its foul odours. Since this work was done, we have received no complaints from the public and intensive inspections by day and by night show that any offensive smells that still exist are localised and not of a nature to be regarded as a menace to health.

BATHS AND WASH-HOUSE

	Tara Street	Iveagh Baths	Francis Street Wash-house
Swimmers (exclusive of Clubs)	118,863	36,795	—
Reclining Baths	17,907	1,462	—
Wash-house	12,437	—	34,036
TOTAL ATTENDANCE	149,207	38,257	34,036

During the year, a total of 158 Swimming Clubs, Schools and Colleges availed of regular exclusive bookings in Tara Street and Iveagh Baths.

There are also at Tara Street and Iveagh Baths, separate bath tubs for those who dislike swimming. They are used regularly by those who have no baths in their own homes. The use of these facilities is declining, however, in recent years.

FACTORIES

Our Inspectors are concerned with Section 17 of the Factories Act, 1955, and the Regulations made thereunder referring to sanitary conveniences in factories. The Factory Inspector is responsible for other health aspects.

No. of Factory Inspections	....	....	....	315
No. of Notices Served	....	....	....	138

PLANS EXAMINED AND ADVISED ON

Conversion of buildings to flats	....	....	....	82
Alterations and additions to licensed premises	....			27
Plans of food shops	....	....	....	27
Non food shops	....	....	....	25
Hotels	....	....	....	12
Restaurants and Cafes	....	....	....	13
Plans of Offices	....	....	....	42
Schools and Institutions	....	....	....	33
Garages and Fillings Stations	....	....	....	17
Septic Tanks	....	....	....	19
Repair Grants Houses	....	....	....	7
Miscellaneous Plans	....	....	....	60

HOUSING

Operations under the Housing (Miscellaneous Provisions) Act, 1931, during the year 1962 were as in the following schedule :

No. of Housing Inquiries held	....	....	....	2
No. of Premises dealt with	....	....	....	47
No. of Demolition Orders made	....	....	....	21
No. of Closing Orders made	....	....	....	15
No. of Undertakings accepted	....	....	....	11
No. of Families in premises dealt with	....	....	....	131

In addition to the individual treatment of houses as in the above quoted sections, the City Seal was affixed to Compulsory Purchase Orders for :

Sarah Place, Islandbridge, *and*
Poplar Row, Spring Garden Street.

Inquiries were also held during the year concerning the Compulsory Purchase of properties in the areas :

Jervis Street, Wolfe Street, Macken Street, East Side, York Street No. 3, Islandbridge, South Circular Road.

Compulsory Purchase Orders confirmed by the Minister for Local Government during the year were :

North King Street, Coleraine Street, Constitution Hill.

Other works of a housing nature carried out during the year were as follows :

Health Inspectors Reports on Applications for rehousing by the Corporation	....	....	....	2,710
Supplementary Grant Reports	....	....	....	297
Chief Health Inspector's Reports	....	....	....	200
Supervising Health Inspector's Reports	....	....	....	132
Health Inspectors' Reports	....	....	....	885
Repair Grant Applications	....	....	....	1,070

DRAINS INSPECTIONS

A small staff of a van driver and two men accompanied by a Health Inspector work wholetime on drains. This service is required where drains are found defective, where renewals are necessary, where chokages cannot be freed by small contractors and it is called most often into use to free combined drains. The larger the number of users on the combined drain, the more often do public health nuisances of this nature arise. House purchasers would be well advised to insist on a separate private drain.

No. of drains and yards of abandoned houses cleaned	1,223
No. of drains freed—single house and combined drains	3,029
No. of drains examined	808
No. of drains traced	8
No. of drains repaired	114
No. of septic tanks examined	40
No. of drains complaints	1,716

FOOD HYGIENE REGULATIONS, 1950

During the year 122 new applications for registration were received. The premises in each case were inspected and the applicant notified of the Authority's decision to register, provisionally register or to refuse registration of their premises. Premises which were provisionally registered at the close of 1961 were also dealt with. The position at 31st December, 1962 was as follows :

Registered during 1962	54
Provisionally registered at 31st December, 1962	33
Refused registration during year	50
Cancelled during year	62
Appeals not decided at 31st December, 1962	21
*No. of new appeals lodged during year	25
*No. of appeals decided	22
No. of persons prosecuted	55
No. of offences (total)	131
No. of Probation Acts	8
Amount of fines imposed	£132 5 0
Amount of costs imposed	£116 11 0

*The figures for appeals given above apply to the whole Health Authority Area, other figures to the City Area only. During the year 25 new appeals were made to the Minister against the decision of the Authority to refuse registration of food premises. Nine appeals were allowed by the Minister, the appellants having first complied with the requirements of the Authority for registration. The Minister upheld the decision of the Authority in six cases. Seven appeals were withdrawn.

SALE OF FOOD AND DRUGS AND MARGARINE ACTS—PROSECUTIONS

Article	No.	No. of Adulter- ations	No. of Prosecu- tions	No. of Convic- tions	Penalties			
					FINES	Costs		
						£	s.	d.
Brawn	58	1	1	1	£5 and	3	3	0
Minced Meat	92	1	1	1	£20 „	3	3	0
Whiskey	129	3	3	3	£7 „	8	5	0
Ice Cream	183	1	1	1	P.O. Act „	1	1	0
Semolina	55	1	1	1	„ „	2	2	0
Butter	583	1	1	1	„ „			
Milk	1337	1	1	1	„ „	1	1	0
Pearl Barley	48	2	2	2	„ „	4	4	0
Sausages	72	1	1	—	Dismissed			
Rice	112	1	—	—	No legal action			
Lard	101	1	—	—	No legal action			

BACTERIOLOGICAL EXAMINATION OF SPECIAL FOODS

Samples of the foods mentioned below are submitted regularly for bacteriological examination by the Foods and Drugs Inspectors. The results were as follows :

Article	No. of Samples	Satisfactory	Not Satisfactory
Ice Cream	39	37	2
Ice Lollipops	9	9	—
Liquid Egg Abumen	12	12	—
Liquid Egg Yolk	12	12	—
Liquid Whole Egg	12	12	—
Oysters	16	15	1
Mussels (Cooked)	9	8	1

ATMOSPHERIC POLLUTION

During the year the measurement of deposited solid matter and sulphur at the five stations was maintained. Each station consists of a deposit gauge and a lead peroxide instrument.

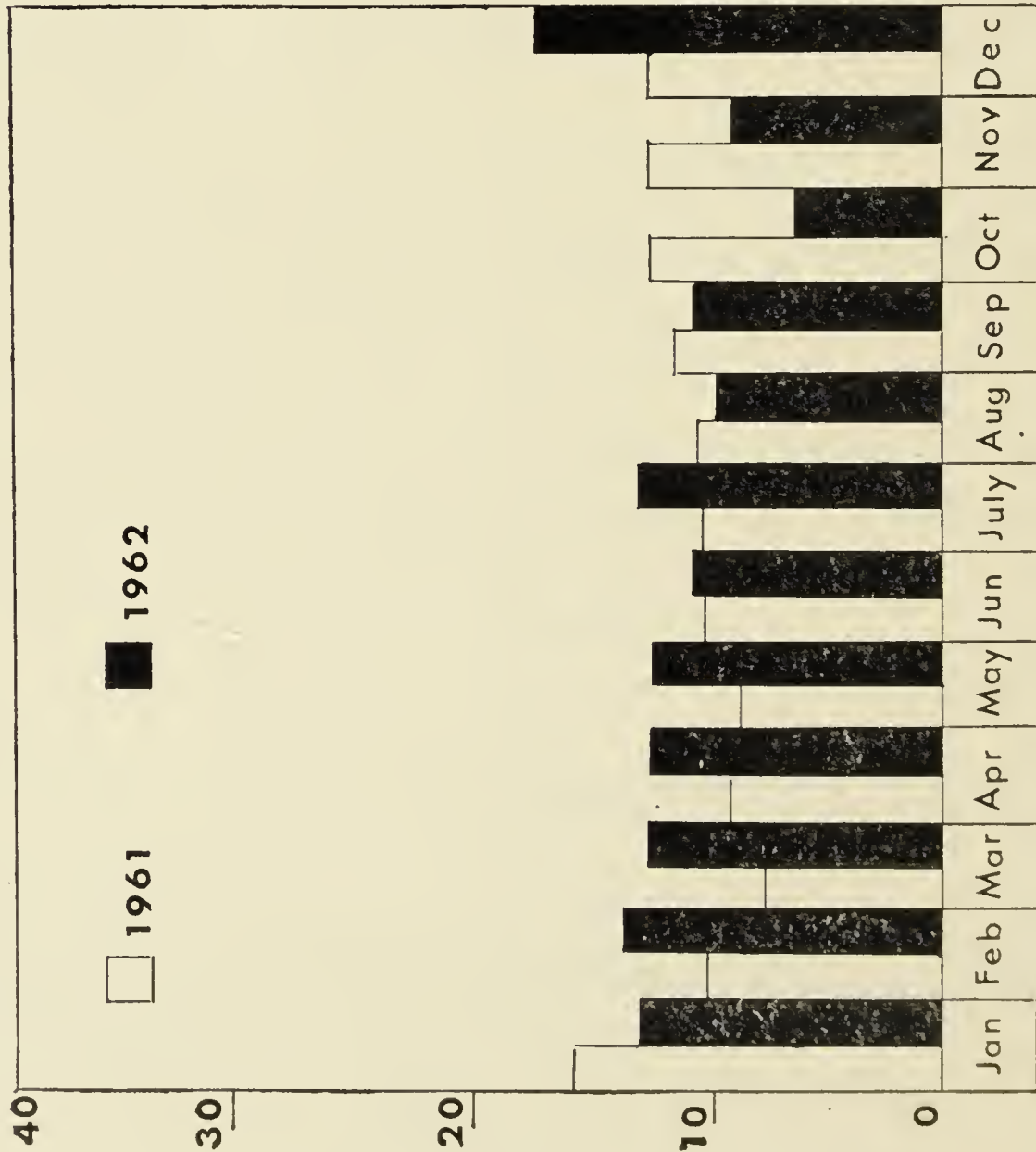
The results obtained from the monthly observations are shown in Tables A and B. Graphs A and B show comparison of monthly averages with those of 1961.

An additional station was put into operation in November at the City Laboratory, Cornmarket. This station consists of a volumetric apparatus giving twenty-four sampling periods of sulphur and 'smoke', i.e. the very fine particles which are not measured by the deposit gauge. Co-operation with the World Health Organisation in measuring smoke pollution in connection with a Lung Cancer Survey was completed in April and results from a Daily Volumetric Apparatus operated at Dorset Street Fire Station are recorded in Table C.

As one of the major factors affecting air pollution is the weather, observations are made twice daily. Rainfall and cloudiness are recorded in tables D and E. It is worthy of note that a significant step towards the control of air pollution was taken during the year in the Sanitary Services Act, 1962. Section 7 of this Act enables the Minister for Local Government to make regulations to control atmospheric pollution in its various forms.

GRAPH A :

Monthly average of solid matter deposited in tons per square mile.



GRAPH B :

Monthly average of sulphur measured in mgms. So_3 /Day per 100 sq. c.m.s. lead peroxide.

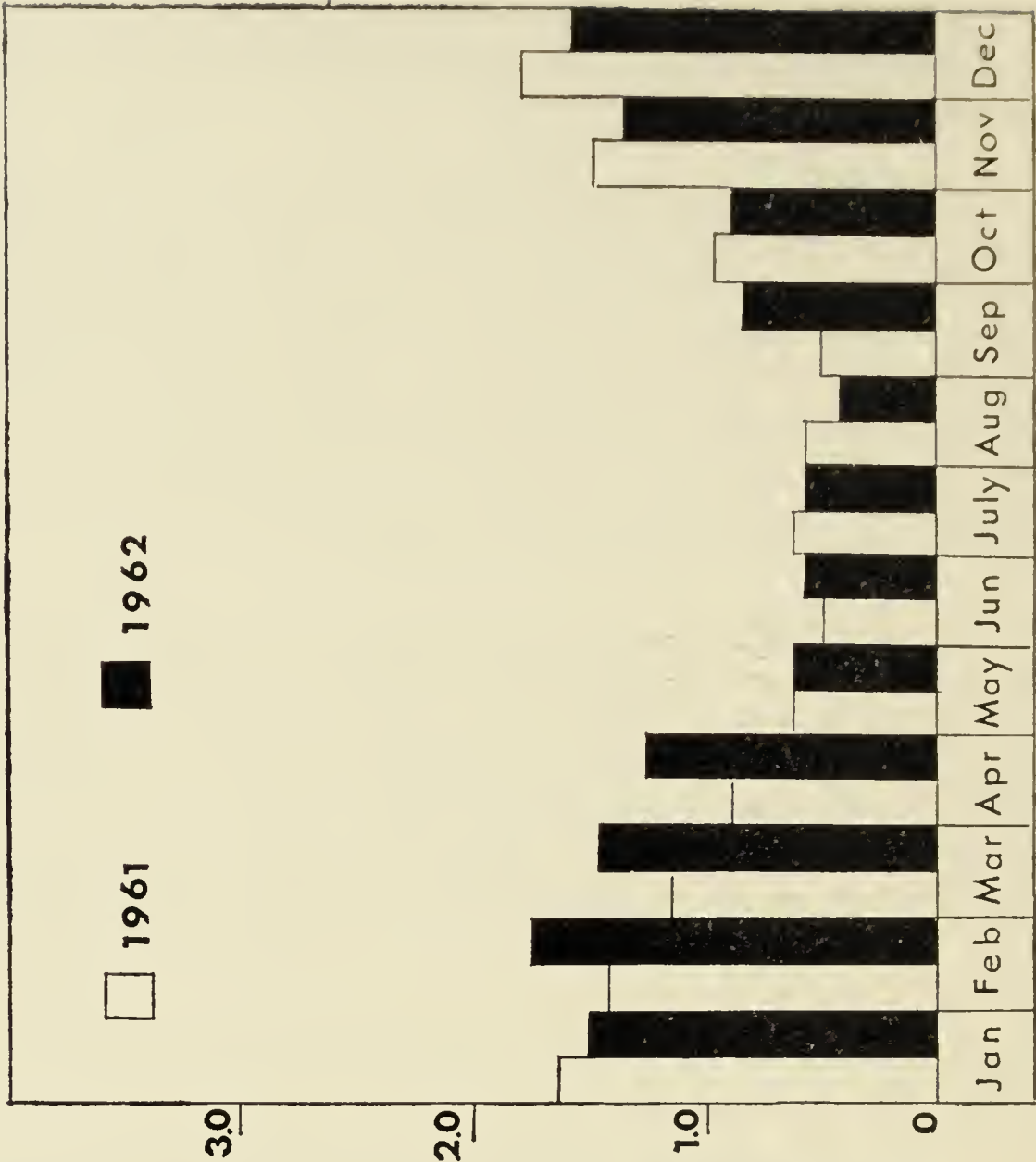


TABLE A—SOLID MATTER DEPOSITED IN “TONS PER SQUARE MILE” AT COLLECTING STATIONS

Stations	Jan.	Feb.	March	April	May	June	July	August	Sept.	October	Nov.	Dec.	Total	Average
1	13.3	17.9	17.1	14.47	15.24	12.67	17.0	12.9	15.8	10.5	13.9	24.2	184.98	15.42
2	20.7	19.2	18.0	16.55	14.25	13.05	14.7	11.4	14.5	9.16	13.5	24.3	189.31	15.78
3	16.05	16.44	16.84	14.68	15.5	14.4	14.28	11.5	12.0	7.14	10.4	21.1	170.33	14.19
4	4.9	5.5	3.47	4.4	4.9	5.34	8.97	4.8	3.57	1.96	2.6	6.27	56.68	4.72
5	6.88	8.11	4.88	7.77	7.77	8.36	11.45	6.7	6.56	2.93	4.09	10.3	85.60	7.13
Total	61.83	67.15	60.29	57.87	57.66	53.82	66.40	47.3	52.43	31.69	44.49	86.17		
Monthly Average	12.37	13.43	12.06	11.57	11.53	10.76	13.28	9.46	10.49	6.34	8.9	17.23		

TABLE B—SULPHUR MEASURED IN MILLIGRAMMES SO₃/DAY ABSORBED BY 100 Sq. CMS. LEAD PEROXIDE

Stations	Jan.	Feb.	March	April	May	June	July	August	Sept.	October	Nov.	Dec.	Total	Average
1	1.95	1.93	1.66	1.51	0.96	1.01	0.86	0.7	1.18	1.37	1.66	*	14.79	1.34
2	2.88	3.5	2.34	2.32	0.9	0.86	0.78	0.88	1.02	1.66	2.36	3.19	22.69	1.89
3	1.58	1.57	1.82	1.2	0.67	0.61	0.67	0.41	0.96	0.92	1.3	1.59	13.30	1.11
4	0.23	0.31	0.41	0.28	0.08	0.14	0.19	0.01	0.31	0.00	0.4	0.31	2.67	0.22
5	0.71	1.3	1.06	0.89	0.48	0.24	0.34	0.22	0.58	0.57	0.88	1.24	8.51	0.71
Total	7.35	8.61	7.29	6.20	3.09	2.86	2.84	2.22	4.05	4.52	6.60	6.33		
Monthly Average	1.47	1.72	1.46	1.24	0.62	0.57	0.57	0.44	0.81	0.90	1.32	1.58		

*Sampling Error.

TABLE C—RESULTS OF DAILY VOLUMETRIC INSTRUMENTS

(Concentrations of Smoke and Sulphur in Microgrammes per Cu. Metre).

[illegible]

TABLE D—RAINFALL AT DEPOSIT GAUGE STATIONS

RAINFALL IN INCHES													
Station	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	
1	1.33	1.3	2.3	1.18	2.4	0.78	2.59	1.9	4.49	0.62	1.77	3.06
2	1.43	1.04	2.16	1.23	2.32	0.79	2.6	1.9	4.7	0.53	1.7	3.08
3	1.37	1.05	2.3	1.44	2.42	0.77	2.48	2.3	3.78	0.48	1.56	3.2
4	1.99	1.46	2.24	1.8	2.63	1.01	3.0	2.5	4.68	0.81	1.75	3.4
5	1.59	0.89	1.86	1.36	2.5	0.96	2.88	2.16	4.6	0.72	1.58	2.86
Monthly Average	1.54	1.15	2.17	1.40	2.45	0.86	2.71	2.15	4.45	0.63	1.67	3.2

TABLE E—CLOUDINESS (EIGHTHS OF SKY COVERED)*

January	February	March	April	May	June	July	August	September	October	November	December
6.4	7.4	6.1	5.5	6.8	5.9	6.6	6.7	6.8	6.3	5.9	6.1

*Observations at 10.00 hours—14.30 hours daily.

BACTERIOLOGICAL LABORATORY

J. H. STRITCH,

City Bacteriologist

The number of specimens and samples examined during the year 1962 is shown in Table I and the number of examinations made in Table II.

TABLE I
Numbers of specimens and samples received—1962

Origin						
Charles St. Clinic	....	....	....	....	....	1,461
Child Welfare Clinic	....	....	....	....	....	184
Clonskeagh Fever Hospital	....	....	....	....	....	1,455
Crumlin Chest Clinic	....	....	....	....	....	525
General Practitioners	....	....	....	....	....	142
Infectious Diseases Section, Food and Drugs etc.						935
James Connolly Memorial Hospital	....	....				1,541
Miscellaneous (St. Brendan's, Primary Clinic and Our Lady's Clinic, Dun Laoghaire	....	....				7
Nicholas St. Clinic	....	....	....	....	....	698
Port Health Office	....	....	....	....	....	565
St. Mary's Chest Hospital	....	....	....	....	....	1,547
Veterinary Department	....	....	....	....	....	6
<hr/>						
Total examined at Crumlin Laboratory, Old County Road	....	.....	....	....	....	9,066
Total examined at St. Mary's Chest Hospital	....					2,682
Total examined at James Connolly Memorial Hospital	....	....	....	....	....	7,281
<hr/>						
TOTAL						19,029

TABLE II
Examinations made during the year 1962

Samples of :

Water	....	....	....	....	....	....	540
Milk	....	....	....	....	....	....	3
Food	....	....	....	....	....	....	16
Desiccated coconut	....	....	....	....	....	....	524
Ice Cream	....	....	....	....	....	....	39
Ice Lollipops	....	....	....	....	....	....	9
Squids	....	....	....	....	....	....	8

Batches of :

Shellfish for Bacteriological grading	....	....	32
Frozen Eggs for Salmonella organisms	....	....	30

Swabs for :

C. diphtheriae	685
Beta-haemolytic streptococci	576
Vincent's Angina	379
Other organisms	320

Specimens of :

Blood for Widal reaction	40
Blood for Blood culture	28
Cerebro Spinal Fluid	68
Urine	407
Faeces for Salmonella, Dysentery, etc.	903
Faeces for "Pathogenic" B.coli	580
Pus	161
Pleural Fluid	97
Sputum (for organisms other than B. tuberculosis)	793
Sputum for direct examination for B. tuberculosis	3,409

Specimens for Culture for M. tuberculosis :

Sputum	2,211
Gastric Contents	22
Laryngeal Swabs	690
Cerebro Spinal Fluids	31
Pleural Fluids	91
Urine	99
Various	83

Antibiotic sensitivity tests :

Organisms other than M. tuberculosis	966
M. tuberculosis	291
Catalase tests of cultures of M. tuberculosis	291
Niacin tests	76
Serological typing of B. haemolytic streptococci	91
Animal inoculations	11
Rats for evidence of Plague	31
Miscellaneous other tests	31

Total number of tests at Crumlin Laboratory	14,633
Total number of tests at St. Mary's	2,682
Total number of tests at J.C.M. Hospital	7,281

TOTAL 24,596

The latter figure is greater because many of the specimens required several examinations. The decline in the incidence of Tuberculosis is reflected in the decline in numbers of specimens sent for examination for Myco. tuberculosis.

Diphtheriae bacilli were isolated 14 times and paratyphoid bacilli only once. Salm. typhi was found in specimens from 4 patients, three of them in one family. The commonest intestinal pathogens were Sh. sonnei (9), Sh. flexneri (9) and Salm. typhimurium (4). The faeces of infants under two years of age were examined for the presence of serologically indentifiable "pathogenic" E. coli. The results are shown in Table III.

TABLE III

Total number of faeces examined for "Pathogenic " E. coli 580

Total number isolated :	026	....	4	
	055	....	10	
	0111	....	1	
	0111	....	1	.... 26=4.4 %
	0119	....	10	
	0127	....	1	

A total of 12,891 specimens of sputum were examined microscopically for the presence of Myco. tuberculosis. Acid-fast bacilli were found in 1,105, a percentage of 11.6%. This figure includes specimens examined in the tuberculosis hospitals where the repeated examination of the same positive specimens tends to raise the percentage. In specimens examined at the Central Laboratory in Crumlin, the percentage was only 6.1%.

Cultures of Mycobacteria were produced from 313 specimens. Of these 20 were contaminated and 2 were atypical Mycobacteria, leaving a total of 291 pure cultures of Myco. tuberuclosis which were tested for sensitivity to the common anti-tuberculous drugs. The results are shown in Table IV.

TABLE IV

Sensitivity tests of Myco. tuberculosis, 1962

	No.	Resistant	Sensitive
Streptomycin	291	75=25.8%	216=74.2%
PAS	291	45=15.4%	246=84.6%
INH	291	76=26.1%	215=73.9%

These results are substantially the same as those of the year 1961.

In St. Mary's Chest Hospital examinations were confined almost entirely to the search for Myco. tuberculosis, and because of the change in the type of patients admitted, the number of specimens requiring such examination declined very considerably. It was decided, therefore, that the services of the technician could be more usefully employed in the James Connolly Memorial Hospital at Blanchardstown. Accordingly, the Laboratory at St. Mary's was closed early in September and the technician transferred.

There have been no changes in the personnel of the Laboratories during the year.

DEPARTMENT OF THE CITY ANALYST

H. D. THORNTON,

Dublin Region Public Analyst

I have the honour to submit this report on the work of the City Laboratory for the year to 31st December, 1962.

The total number of samples analysed in the Laboratory during the year was 10,384; this was made up of 6,369 for Dublin Health Authority, 3,416 for other local authorities (including Dublin Corporation) comprising Dublin Region, and 599 for private individuals, commercial concerns, etc.

In accordance with the basis of classification adopted in last year's report, details of the numbers and sources of samples analysed for the various sections of the Authority are given in this report; in the case of samples taken under the Sale of Food and Drugs Acts, sub-divisions are made to distinguish between samples taken in Dublin City, Dublin County, and Dun Laoghaire Borough Areas. The totals under these headings were as follows, with the corresponding figures for last year shown in brackets

City Area	....	....	5,488 (6,095)
County Area		....	405 (278)
Dun Laoghaire		....	75 (193)

Details as to the nature of the samples submitted and the results of the analyses appear later in this report.

The measurement of air pollution in the City area continued throughout the year; monthly samples from five collecting stations were analysed to determine (a) total insoluble solids and soluble solids deposited, (b) volume of rainfall and reaction of the water collected, (c) sulphur trioxide in the air at the station. In addition towards the end of the year, smoke measurement apparatus was installed in the Laboratory. This enables daily observations of smoke and sulphur dioxide in the air to be made. Copies of all results obtained are forwarded to the Department of Local Government and are published by the department in monthly summaries.

Daily measurement of smoke is determined by drawing air, from outside the building, continuously for the 24 hours through a metered apparatus in which the air passes through a filter paper. By measuring the intensity of the stain produced and relating it to the volume of air passed through, the concentration of smoke may be quantitatively expressed in microgrammes per cubic metre of air.

The intensity of the stain may be determined either by (a) visual matching against agreed standards, or (b) instrumental measurement of light absorption in a reflectometer. In order to eliminate the personal factor involved in (a) and to obtain values truly comparable with those obtained elsewhere by (b), arrangements have been made to submit the stains from the Laboratory apparatus for measurement on a reflectometer operated in the Department of Local Government.

During the year under review, analyses and investigations were carried out on samples submitted under the following headings :

- (1) By Inspectors under the Sale of Food and Drugs Acts, the Public Health Preservative Regulations, 1928, and the Food Hygiene Regulations, 1950, for Dublin Health Authority and the other local authorities within the region.
- (2) Twice-monthly control of city water supplies.
- (3) Control samples of sewage, effluent and sludge from the Outfall Works, Pigeon House Road.
- (4) Water samples from local authority supplies throughout the Region.
- (5) Samples submitted by the Dublin Port Medical Officer.
- (6) Miscellaneous materials submitted by public institutions commercial concerns and private individuals.
- (7) Air pollution samples.

SUMMARY OF ANALYSES CARRIED OUT FOR DUBLIN HEALTH AUTHORITY

Nature of Article					No. of Samples		
Food & Drugs Acts samples (Formal)							
City Area	....	....	....	4,912			
County Area	....	....	....	71			
Dun Laoghaire	....	....	....	18			
							5,001
Food & Drugs Acts samples (Informal)							
City Area	....	....	....	576			
County Area	....	....	....	334			
Dun Laoghaire	....	....	....	57			
							967
Complaint samples (Food)	....	....	....	....	....		26
Air Pollution samples	....	....	....	....	....	....	132
Daily measurement of smoke	....	....	....	....	....	....	49
Port Medical Officer :							
Imported foods	....	....	....	12			
Ships' water supplies	....	....	....	18	....		30

Analyses for Dublin Health Authority
Institutions and Sections

St. Brendan's Hospital	....	....	52	
St. Loman's Hospital	....	....	1	
St. Mary's Chest Hospital	....	....	1	
James Connolly Memorial Hospital	....	....	2	
Waters (Inspectors)	....	....	22	
Paints (Engineers Dept.)	....	....	12	
Disinfectant materials	....	....	4	94
Water Supplies :				
City Area	....	....	69	
County Area	....	....	1	70
Total number of samples analysed for Dublin Health Authority				6,369

DETAILS OF ANALYSES

Nature of Article	No. of Samples	No. Adulterated
Food & Drugs Acts samples (formal):		
City Area :		
Brawn	58	1
Butter	583	1
Ice Cream	183	1
Lard	101	1
Milks	1,337	1
Minced Meat	92	1
Rice	143	1
Pearl Barley	48	2
Sausages	72	1
Semolina	55	1
Whiskey	129	3
Food & Drugs Acts samples (informal)		
City Area :		
Vinegar	11	1
Ammoniated Tincture of Quinine	7	5
Jam	6	1
Sweets	1	1
Tincture of Iodine	10	2
County Area :		
Vinegar	9	1

In addition, 3,123 samples (all of which proved genuine) of the following food and drugs :

FORMAL SAMPLES :

City Area :

Almond Iceing	2	Flour (self-raising)	35	Pork Pies	2
Ammoniated Tincture of Quinine	6	Farola	44	Pudding (Xmas)	3
Apricots (dried)	2	Fish Cakes	5	Potato Crisps	1
Almond Oil	1	Flour (pancake)	1	Peanuts	3
Almond (whole)	2	Figs	4	Rice (flour)	1
Almond (ground)	4	Farinoca	1	Raisins	23
Bread Soda	4	Glucose	24	Rusks	4
Bournvita	2	Glace Cherries	6	Rice (flaked)	2
Baby Cereal Food	89	Gin	2	Ryvita	4
Baking Powder	1	Golden Syrup	3	Rice Krispies	2
Bisto	2	Groats	2	Raspberry Wine	1
Beans	4	Glauber Salts	1	Rice (cereal)	7
Beetroot	1	Honey	12	Rice (puffed)	2
Buttermilk	7	Hazlett	11	Ribena	2
Butter Beans	1	Herbs	1	Sausage Roll	1
Bexoda	1	Horlicks	1	Suet	22
Bextartar	1	Instant Whip	3	Sago	28
Cream	16	Jam	78	Sugar	53
Cheese	53	Jelly	15	Sugar (icing)	15
Cookeen	50	Kruschen Salts	1	Sugar (castor)	18
Cooking fat	9	Lentils	10	Sugar (brown)	7
Cornflour	44	Lemon Curd	17	Sugar (cube)	1
Cocoa	16	Lemon Squash	1	Sauce	9
Coffee (ground)	11	Liquid Paraffin	14	Salt	3
Coffee & Chicory	9	Lager Beer	2	Squash (fruit)	4
Coffee (Instant)	11	Lemon Juice	2	Salad Cream	8
Custard Powder	22	Lucozade	1	Sandwich Spread	20
Cornflakes	6	Margarine	213	Sweets	49
Coconut (dessicated)	6	Mincemeat	16	Soup Mixture	8
Currants	20	Macaroni	24	Stuffing	5
Cider	2	Marmalade	12	Salami	1
Cod Liver Oil	7	Mineral Water	11	Sausage Meat	8
Castor Oil	2	Meatless Roll	4	Sultanas	26
Corn Oil	3	Malted Bran	3	Soda Bread Mix	1
Cake Fruit Slices	2	Mayonnaise	2	Soup (packet)	1
Chocolate	2	Mustard	1	Shredded Wheat	1
Cake Mixture	7	Marzipan	1	Shepherds Pie	1
Candied Peel	5	Marshmallow		Salted Peanuts	1
Cream Cakes	1	Wafers	1	Tapioca	32
Cooked Meat Roll	15	Nuts	1	Tincture of Iodine	4
Cheese and Butter Spread	1	Oatmeal	167	Tripe	1
Condiment	2	Olive Oil	9	Tomato Ketchup	3
Dripping	97	Orange Squash	3	Trex	4
Drinking Chocolate	15	Black Pudding	27	Treacle	1
Dates	3	White Pudding	32	Vermicelli	2
Dresso	1	Peas	54	Wheatenmeal	2
Erinox	2	Peas (split)	2	Wine	1
Extract of Malt & Cod Liver Oil	1	Prunes (dried)	4	Wheat Flakes	1
Frytex	33	Pickles	1	Wholemeal	1
Flour (plain)	45	Peanut Butter	3	Yorkshire Relish	
		Popcorn	4	Sauce	4
		Pepper	2	Tea	152
		Potato Flakes	2		

County Area :

Gin	12	Port Wine	1	Sherry	5
Milk	12	Sago	1	Whiskey	35
Port	1	Sausages	4		

Dun Laoghaire Borough :

Brandy	1	Gin	4	Tincture of Iodine	1
Butter	1	Rum	1	Whiskey	10

INFORMAL SAMPLES :

City Area :

Andrews Liver		Cloves	1	Potato Crisps	1
Salts	2	Fruit (canned)	52	Pickles	2
Apple Cake	1	Fish (canned)	11	Puffed Pastry	1
Baby Cereal Food	8	Glauber Salts	2	Quinine	1
Baking Powder	6	Gravy Salts	7	Semolina	1
Boracic Ointment	1	Gye	1	Sauce	15
Bottled Beetroot	2	Glace Cherries	2	Stout	2
Baby Food (canned)	7	Glycerine, Lemon		Solution of Hydro-	
Brawn (canned)	2	& Honey	3	gen Peroxide	5
Butter Beans	1	Glycerine	2	Soup (canned)	26
Bread Soda	2	Chicken Rice	1	Soup (packet)	30
Bextartar	1	Gelatine	1	Sandwich Spread	19
Cream (canned)	17	Ginger	1	Spice (mixed)	4
Cornflour	7	Herbs	2	Spaghetti (canned)	7
Coffee (ground)	2	Jelly	1	Skimmed milk	2
Coffee & Chicory	3	Lentils	3	Salad Cream	11
Coffee (instant)	5	Liquid Paraffin	5	Soup Mixture	1
Candied Peel	2	Instant Whip	2	Sherbet	1
Camphorated Oil	7	Mustard	5	Stomach Powder	1
Bisto	6	Marmalade	2	Stew (canned)	1
Condensed Milk	15	Milk of Magnesia	3	Tomato Ketchup	2
Cream Cakes	3	Marmite	1	Tayto Crisps	1
Chocolates	1	Mashed Potatoes	1	Tomato Puree	1
Carrigeen Moss	2	Mayonnaise	2	Vinegar	7
Custard Powder	3	Milk	1	Vegetables	
Cinnamon	4	Mint	2	(canned)	112
Castor Oil	11	Lemon Curd	1	Vanilla Essense	1
Curry Powder	6	Lager Beer	2	Vegetables	
Cheese Spread	1	Nutmeg	6	(bottled)	1
Caraway Seeds	1	Ointment	4	Virol	2
Chicken Paste	1	Olive Oil	7	Yorkshire Relish	2
Cake Mixture	1	Pepper	17	Whiskey	1
Cooked Meat		Pearl Barley	1	Zinc Ointment	1
(canned)	1	Pie Filling	2		
Cough Balsam	1	Peas	2		

County Area :

Almonds (ground)	1	Beef & Vegetables	1	Crab Spread	1
Andrews Liver		Biscuits	3	Curry Powder	1
Salts	1	Beef Mince	1	Coffee ...	2
Anadin Tablets	1	Custard	3	Castor Sugar	2
Barley	1	Cornflour	8	Complan	1
Bectroot	4	Cocoa	4	Corn Beef	2
Baby Rice	1	Carrots	3	Cream	1
Baking Powder	2	Cheese	4	Coconuts	2
Bisto	10	Chicken Broth	1	Cherries	4
Beans	8	Cranberry Sauce	1	Calamine	1
Bextartar	2	Chicken Noodle		Cut Mixed Peel	1
Beef Broth	1	Soup	2	Celery Flavour	
Bovril	1	Cheese Spread	5	(packet)	1
Beef Steak and		Cod Liver Oil	1	Condensed Full	
Kidney Pie	1	Chicken & Ham		Cream	2
Brawn	4	Paste	6	Cinnamon	1
Beechams Powder	1	Condensed Milk	2	Chocolates	1
Browning	1	Currants	1	Cloves	1
Beef (canned)	1	Coca Cola	1		

Celery Soup (canned)	1	Mint Jelly ...	1	Strained Creamed Fish	1
Dates	1	Minced Meat	1	Sugar	1
Dripping	1	Mustard	7	Sandwich Spread	3
Farola	3	Mushroom Soup	1	Soup	1
Fruit Cocktail	2	Milk Food	1	Soup Powder	1
Fish Paste	1	Marmalade	1	Salmon & Anchovy	1
Farex	2	Noodle Soup	1	Sago	1
Herbs	2	Nutmeg	1	Sausages	3
Honey	1	Orange Juice	1	Soup (canned)	3
Horlocks	1	Olive Oil	3	Sardines	4
Hamburgers (canned)	1	Orange	1	Spaghetti	2
Grated Cheese	1	Oxtail Soup	2	Stewed Steak	1
Ginger	2	Oatmeal	1	Suet	1
Garden Mint	1	Peas	8	Tapioca	4
Instant Whip	2	Pepper	11	Tablets	1
Irish Stew	1	Prunes	2	Tea	2
Jam	11	Paprika (ground)	1	Tomato Juice	3
Jelly	8	Pilchards	1	Tomato Soup	1
Jelly Creams	1	Peaches	4	Tomato Paste	1
Kidney Flavour Soup	1	Peas (split)	1	Tomato Sauce	2
Ketchup	1	Pears	2	Tonic Water	1
Lemon Pie Filling	1	Peanut Butter	1	Tomato, Macaroni & Beef	1
Lemonade	2	Pickles	1	Vegetable Salad	1
Mixed Cereal	1	Potato Salad	1	Vegetables (canned)	1
Mincemeat	3	Parsley, Thyme Savoury & Stuffing	2	Virol	1
Margarine	16	Pudding	1	Vegetable Soup	2
Minced Chicken in Jelly	1	Rice (ground)	5	Yorkshire Relish Sauce	2
Macaroni	5	Royal Dessert	1	Tomato Ketchup	1
Mixed Fruit Salad	1	Rusks	1	Tomatoes (canned)	1
Milk of Magnesia	1	Salad Cream	1	Liga Infant Food	3
Mixed Peel	3	Salt	4	Lard	1
		Salmon	3	Lucozade	1
		Spice	1		
		Semolina	4		
		Sauce	3		

Dun Laoghaire Borough :

Apple Tart	1	Cashew Nuts	1	Pancake	1
Ammoniated Tinc- true of Quinine	1	Condensed Tomato Puree	1	Popcorn	1
Butter	3	Dates	1	Raspberryade	1
Beans	1	Easter Eggs	1	Rock	2
Bone & Vegetable Broth	1	Grapefruit	1	Strawberry Jam	1
Biscuits	1	Kruschen Salts	1	Spread Gruyere Cheese	1
Beetroot in Vinegar	1	Limmits	2	Salt (table)	2
Barley Sugar	1	Lollipops	1	Sweets	1
Club Lemon	1	Lucozade	1	Throat Tablets	1
Corned Beef	1	Lemonade	2	Toffee —	1
Cinnamon (ground)	1	Mushroom Soup Powder	1	Tonic Water	1
Cream Buns	1	Margarine	3	Tea	2
Coffee	1	Mince Pie	1	Tincture of Iodine	2
Chocolate	1	Orange Drink	1	Treacle	1
Crumpets	1	Oxtail Soup	1	Virol	1
Cream	1	Oatmeal	1		

DETAILS OF ADULTERATED SAMPLES

Braun (1) : Found to contain 280 parts per million of sulphur dioxide; this article should not contain preservative.

Minced Meat (1) : Found to contain 256 parts per million of sulphur dioxide; this article should not contain preservative.

Whiskey (3) : Adulterated with 29.3%, 15.7% and 6.72% excess water, respectively.

Milk (1) : Deficient by 11.66% of the milk fat and 4.71% of the milk solids other than milk fat which it should contain.

Sausages (1) : Contained 256 parts per million of sulphur dioxide, without the presence of the preservative being declared.

Ammoniated Tincture of Quinine (5) : These informal samples were found to be deficient of the amount of ammonia which the article should contain by 18.8%, 40%, 41%, 53% and 64.7% respectively.

Tincture of Iodine (2) : Both of these samples (taken informally) were deficient in Iodine, one by 30.2%, the other by 38.9%.

Vinegar (2) : These informal samples were found not to be genuine vinegar, i.e. not produced by alcoholic and acetous fermentations.

Butter (1) : Found to contain 17.5% of water, the legal maximum is 16%.

Ice-Cream (1) : Deficient by 25% of the minimum amount of milk fat which it should contain—viz 5%.

Lard (1) : Contained 4.6% of water; lard should contain no water.

Rice (1): Contained 1.4% excess talc.

Blackcurrant Jam (1) : This informal sample was found to be unsound because of the presence of mould growth.

Sweets (1) : Found to have deteriorated and to be unsound.

Semolina (1) : Found to contain live mites.

Pearl Barley (2) : These two samples were found to contain live mites.

COMPLAINT FOOD SAMPLES :

Twenty-six samples were submitted by the Chief Health Inspector in consequence of complaints made by members of the public. The details of the samples and the results of the analysis are as follows :—

Milk (3) : All genuine.

Rusks (1) : Contained one live and one dead insect of the grain beetle type.

Vegetable and Bone Broth (1) : Genuine.

Canned Soup (2) ; Two opened cans were received containing extraneous matter. In both cases, subsequent examinations established that the offending matter had gained access to the cans after they were opened.

Strawberry Jam (1): Canned Raspberries (1), Sago (1), Candies (1), Canned Cucumbers (2), Cake (1)—All found to be sound and wholesome.

Sausages (1): Found to have rodent droppings adhering to the outside of the skins.

Cream Confectionery (1) : Found to contain 1 live and 5 dead insects resembling ants.

Sol Volatile (1) : Found to satisfy the requirements of the British Pharmaceutical Codex.

Canned spaghetti with sausages and meatballs (1) : Sound and wholesome.

Cornflour (1) : Suspected of containing rodent droppings, but found to contain black oat grains.

Aerated Drinks (2) : One found to be in a dirty bottle, the other sound and wholesome.

Cake (1) : Found to be unsound because of the presence of mould growth.

Bread (1) : Found to have textile fibres (probably derived from sacking) adhering to the crust.

Sugar (3) : Found to be in an unhygienic condition; one sample contained a rodent dropping and numerous particles of dirt; the second contained numerous particles of dirt; and the third contained a few small particles of dust.

PORT HEALTH OFFICE :

The Port Medical Officer submitted 12 samples of imported food for examination; all were found to be sound and wholesome. In addition to the food samples, 18 samples of ship's water supplies were analysed for him.

ANALYSES FOR DUBLIN HEALTH AUTHORITY INSTITUTIONS AND SECTIONS :

Under this heading are included, supplies to Dublin Health Authority hospitals : Milks (53); Sago (1); Water (2).

Other samples analysed were : Disinfectant materials 4; Paints 12; Waters and Effluents 22; these samples related to alleged pollution of rivers, and operation of sewage works.

WATER SUPPLIES :

In all, 70 samples were analysed on behalf of the Chief Medical Officer, 69 from the City supplies and one from the County Area.

ANALYSES FOR PUBLIC BODIES (OTHER THAN DUBLIN HEALTH AUTHORITY) AND FOR PRIVATE PERSONS, COMMERCIAL CONCERNS, ETC.

The total number of samples received from these sources during the year 1962 was 3,416 and the fees received by the Dublin Health Authority during the same period amounted to £4,008 11s. 0d.

The following table shows the figures for previous years :

Year	No. of Samples	Fees		
		£	s.	d.
1952	8,674	6,059	15	6
1953	8,404	5,674	13	0
1954	8,474	6,084	6	4
1955	9,716	6,045	17	0
1956	8,125	4,786	15	5
1957	7,143	5,437	3	0
1958	5,791	6,458	5	0
1959	4,496	4,932	18	0
1960	6,023	5,680	1	6
1961	4,073	4,789	12	6
1962	3,416	4,008	11	0

SUMMARY OF TOTALS FROM ALL SOURCES

Dublin Health Authority	6,369
Other local authorities (including Dublin Corporation)	3,416
Private individuals, commercial concerns, etc.	599
Grand Total for year from all sources	10,384

COMPARISONS OF THE TOTAL SAMPLES ANALYSED IN 1961 WITH THE TOTALS OF PREVIOUS YEARS

Year						Total No. from all sources
1953	....	....	....	....	....	13,547
1954	....	....	....	....	....	14,938
1955	....	....	....	....	....	16,221
1956	....	....	....	....	....	14,554
1957	....	....	....	....	....	13,897
1958	....	....	....	....	....	12,140
1959	....	....	....	....	....	12,497
1960	....	....	....	....	....	12,642
1961	....	....	....	....	....	11,048
1962	....	....	....	....	....	10,384

In conclusion, I wish to express my appreciation of the loyal and capable manner in which the members of the City Laboratory Staff carried out their duties.

SCHOOL MEALS

During the year ended December 1962, 7,430,429 meals were provided in 101 schools at an expenditure of £134,700. Of that number, 91,943 were cooked meals, served in 5 schools; 571,950 consisted of milk only.

COOKED MEALS SERVICE

2,443,878 cooked meals (other than School Meals) were provided during the year ended December 1962, under the Social Welfare (Miscellaneous Provisions) Act, 1957, at an expenditure of £33,730

DISINFECTING DEPOT

THOMAS O'BRIEN

Health Inspector in Charge

INFECTIOUS DISEASE	NO. OF DISINFECTIONS
Tuberculosis	422
Diphtheria	12
Poliomyelitis	23
Scarlet Fever	38
Others	217
	<hr/>
	466

DISINFECTION OF HOSPITALS & CLINICS

Hospitals :

No. disinfected	12
Wards	52
Bedding	199

Clinics :

Three disinfected weekly.

INFECTIOUS DISEASES REGULATIONS, 1948

Article 19 :

No. of persons disinfested in Depot	135
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Article 20 :

No. of consignments disinfested	437
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Miscellaneous Disinfection jobs	141
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INFECTIOUS DISEASES (AMENDMENT) REGULATIONS, 1952

No. of Birds of Parrot Species destroyed ...	31
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DISINFESTATION :

Type of Infestation	Premises	No. of Rooms Disinfested
Flies	2 houses	5
Bugs	24 houses	49
Fleas	84 houses	357
Other Insects	15 houses	39
	10 hospitals	30
	1 clinic	1
Total	136	481

FREE D.D.T. DISTRIBUTION SCHEME

$\frac{1}{4}$ lb. packets of D.D.T. powder distributed	....	17,907
1 oz. bottles of D.D.T. Emulsion distributed	....	15,522

RODENT CONTROL

Overground :

Total No. of treatments	....	3,466
Total No. of premises test baited	....	694
Total No. of operations	....	4,160
Estimated No. of rats destroyed	23,944

Sewers :

Estimated No. of rats destroyed	5,624
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SEWERS :

Return for treatment of sewers in the City show a considerable reduction in the number of rats killed compared with the preceding years. This is a result of the extension of sewer treatment for the first time to the outer City Areas where the numbers of rats were found to be fewer than in the Central City Areas—excepting some localised pockets of fairly heavy infestation. This knowledge will permit a reduction in the frequencies of treatment in future except in areas where special attention is necessary.

The extension of sewer treatment to the entire City resulted in less frequent treatments of the various areas into which the City is divided for this purpose.

Sewer treatment was introduced in the Dun Laoghaire Borough Area and the first full treatment is still in progress.

OVERGROUND RODENT CONTROL :

Overground rodent control services increased considerably in the Areas of County Dublin and Dun Laoghaire Borough.

DUBLIN COUNTY

including

Dun Laoghaire Borough

DUBLIN COUNTY AND DUN LAOGHAIRE

MEDICAL STAFF

ASSISTANT CHIEF MEDICAL OFFICERS :

Dr. M. Hamill
Dr. F. O Siochfhradha
Dr. E. K. Quigley, (Acting)
Dr. J. Sullivan, (Acting)

DENTAL SURGEONS :

Mr. P. J. O’Gorman
Mr. V. J. McGowan
Mr. J. McCloskey
Mr. L. Barry-Walsh (Sessional)
Mr. W. F. O’Carroll (Sessional)
Mr. O. D’Arcy (Sessional)

SIX PUBLIC HEALTH NURSES.

TWENTY-THREE JUBILEE AND DISPENSARY NURSES, who have Public Health duties in addition to Home Nursing. The actual Public Health work done by each varies from none to full with the size and population of the district.

VETERINARY STAFF

COUNTY :

Mr. J. A. Flynn—Chief Veterinary Inspector
Mr. S. Curtin—Veterinary Inspector, and two Health Inspectors

DUN LAOGHAIRE :

Mr. M. P. Geraghty—Veterinary Inspector

HEALTH INSPECTORS

Mr. M. Maguire—Supervisor and six Inspectors

CLERICAL STAFF

One Clerical Officer and Six Clerk/Typists, supervised by a Senior Staff Officer.

INFECTIOUS DISEASES

There were no major epidemics of any of the Infectious Diseases although the existence of measles remained high, continuing from the 1961 epidemic. There were 759 cases notified.

There were 5 cases of poliomyelitis—3 in the County and one in Dun Laoghaire and one boy who picked up the disease while in the Fever Hospital. In one, the paralysis was fairly extensive but in the other three it was local. All made good recovery and subsequently attended the Remedial Clinic.

There were 2 cases of Diphtheria, in brothers, who were temporarily in a residential school while their mother was in hospital. During investigation it was found that no enquiries were made by the staff on the admission of these children to find out if they had been immunised or not. Advice was given to remedy this omission and all children needing immunisation in the school were given it.

Of the 6 cases of Salmonellosis, five occurred in a hospital for the care of patients with chronic diseases.

REPORT OF AN OUTBREAK OF SALM. TYPHI MURIUM FOOD POISONING :

The first case was notified on the 28th May, 1962.

The patient, an adult male, had been admitted on the 7th May, 1962, complaining of nervousness and giddiness. On the 25th May, he became pyrexial (102.6 F.) and suffered from severe diarrhoea and vomiting. On the 28th May, *S. typhi* was isolated from a faecal specimen. The patient was moved to an isolation ward. Prior to this, he had been in Ward B., but no further cases occurred in that ward.

CASE 2& 3. On the 28th May, two male patients in another part of the hospital, one in Ward D, and another in Ward G, developed diarrhoea. On the 31st May, *S. typhi murium* was discovered in faecal specimens in both cases.

CASE 4. On the 29th May, another male patient in Ward D developed diarrhoea. *S. typhi murium* was isolated in this case on the 1st June.

CASE 5. On the 7th June, a patient in Ward C developed diarrhoea. This man had been in hospital for some considerable time and had suffered occasional bouts of mild diarrhoea since admission. The Resident Medical Officer thought that this bout may have started before the 7th June, but that the patient did not report the fact. *S. typhi murium* was isolated in this case on the 9th June.

Faecal specimens from 15 members of the kitchen and ancillary staff were sent to the laboratory. On the 1st June 1962, the laboratory reported that *S. typhi* murium had been isolated in one case only—a female worker.

This lady worked as a member of the cleaning staff and part of her duties involved cleaning the kitchen. She was asymptomatic. With the co-operation of the Matron, it was arranged that she would be excluded from the kitchen and she was given floor cleaning duties elsewhere. On the 6th June, *S. typhi* murium was isolated from this person again. She was given a course of Neomycin and Kaolin, and three subsequent specimens proved negative.

No further case occurred.

All the known cases were given appropriate chemotherapy and kept under observation until three consecutive faecal specimens proved negative.

All six cultures of *S. typhi* murium derived from the above persons were found to belong to Phage Type Strain Ia.

It seems likely that this small outbreak of *S. typhi* murium food poisoning in a hospital was due to contamination of food or food utensils by the carrier in the main kitchen.

SUMMARY OF NOTIFICATIONS OF INFECTIOUS DISEASES RECEIVED DURING THE YEAR

DISPENSARY DISTRICTS	Polio-myelitis	Diarrhoea & Enteritis	Diphtheria	Dysentery	Erysipelas	Infective Hepatitis	Infective Mononucleosis	Influenzal Pneumonia	Measles	Rubella	Scarlet Fever	Typhoid	Meningococcal Meningitis	Puerperal Sepsis	Whooping Cough	Lymphocytic Meningitis	Salmonellosis	Pneumococcal Meningitis	Encephalitis
SOUTH DUBLIN : Clondalkin, Crumlin, Rathfarnham, Tallaght	1	57		2	3	26	3	1	225	66	32				11	2	1		
NORTH DUBLIN : Blanchardstown, Castleknock, Baldoyle, St. Margarets		8	1	1	1	1			14	22	9			1	1	1			
RATHDOWN : Stillorgan, Bray No. 2, Dundrum, Glen- cullen, Kilgobbin	3	15	1	5	1	6	3	2	213	12	10	1	1	1	8	3	5		
BALROTHERY : Balbriggan, Naul, Skerries, Kilsallaghan, Garristown, Oldtown, Lusk, Rush, Mala- hide, Cloghran, Swords, Donabate		12				3			53	8	1				3			1	
CELBRIDGE : Lucan, Rathcoole		10			1	2		1	15	29					1				
TOTAL	4	102	2	8	6	38	6	4	500	137	52	1	1	2	24	6	6	1	
DUN LAOGHAIRE BOROUGH : Dun Laoghaire, Blackrock, Dalkey, Killiney, Ballybrack	1	31		1	1	8	22	3	259	49	22				15	3			1
GRAND TOTAL	5	133	2	9	7	46	28	7	759	186	74	1	1	2	39	9	6	1	1

IMMUNISATION AND VACCINATION

DIPHTHERIA IMMUNISATION CARRIED OUT IN DUN LAOGHAIRE AND COUNTY AREA

	Pre-school	School	Booster
Balbriggan	123	24	175
Bray No. 2	49	1	26
Castleknock	46	10	99
Clondalkin/Palmerstown	166	29	285
Dundrum	161	4	15
Finglas/Coolock	—	—	135
Glencullen	43	—	50
Holmpatrick	56	22	87
Lucan	30	—	—
Lusk/Rush	85	26	135
Malahide/Portmarnock	76	1	247
Rathcoole	60	7	43
Rathfarnham	86	2	—
Oldtown/Kilsallaghan	—	—	82
Stillorgan	44	60	54
Swords	48	13	95
Tallaght	55	5	44
Walkinstown/Terenure	64	1	1
Blackrock	63	—	246
Dalkey/Killiney/Ballybrack	117	4	133
Dun Laoghaire	127	5	78
Sallynoggin	82	5	299
Total	1,581	219	2,307

The number of children of pre-school age coming for immunisation has shown a considerable decrease in more than half the dispensary districts, the most notable being in Blackrock and Dun Laoghaire. The demand for smallpox vaccination may have affected the work in the first quarter of the year. The large number of unimmunised children found when schools are visited to give boosting injections indicates a low level of immunity in a large portion of the county. This is a very disturbing situation and dangerous to the lives of these children, should diphtheria re-appear in their midst.

NUMBER OF POLIOMYELITIS VACCINATIONS CARRIED OUT IN DUN LAOGHAIRE BOROUGH AND COUNTY AREA

	Under 5	5-15 years	Over 15	Total	Number awaiting 2nd or 3rd injection on 31/12/62
Dun Laoghaire	278	101	60	439	755
County	479	201	98	778	1,457
				1,217	2,212

Of the above total 508 were vaccinated free of charge, and 709 were vaccinated through the contributory scheme.

The response to polio vaccination during the year was again disappointing, particularly so in the groups entitled to receive it free of charge.

CHILD WELFARE CLINICS

PALMERSTOWN AND WALKINSTOWN—Dr. J. Sullivan

Child Welfare Clinics were held during 1962 in Palmerstown (1st and 3rd Thursday, 3 p.m.—4.30 p.m.) and Walkinstown (2nd and 4th Thursday, 3 p.m.—4.30 p.m.).

Attendances were as follows :

Palmerstown :	Mothers 106	Children 112
Curlew Road :	Mothers 286	Children 322

At Palmerstown the Clinic is now held in the Parochial Hall, the former local school. Though not ideal, the premises were much more satisfactory than the private house where clinics were held previously. However, late in the year, due to overcrowding in the new school, classes were again held in the hall. This caused some upset to the times of the clinics but so far, things are working satisfactorily. As it is planned to have further school classes in the hall, the future of the Clinic must remain a little uncertain. Attendances were well maintained during the year and should increase in this expanding area.

At Walkinstown attendances were much increased during the year. The local Jubilee Nurse attends the Clinic and this arrangement worked very well. The Clinic is held in Curlew Road Dispensary and the premises are excellent for the purpose though not conveniently sited for many parts of the area.

At the Clinics advice was given re infant feeding, etc., but it was noticeable that the main call on the Service was for management of various defects such as visual, orthopaedic, speech and dental, and also for advice on the possible treatment of congenital abnormalities generally.

Diphtheria immunisation was provided at the Palmerstown Clinic.

DUN LAOGHAIRE AND SALLYNOGGIN—Dr. John J. Goggin

The Maternity and Child Welfare Clinics held in Dun Laoghaire and Sallynoggin were mainly an advisory service for infants and children up to six years of age and their mothers.

Infants on first presentation were given a complete physical examination routinely, including a test for phenylketonuria. Thereafter, they and the children were examined as required. Routine weighing was carried out at every visit, and dietary advice was given. Any disease or abnormalities found were referred to Specialists or to their own family doctors for treatment as seemed indicated.

Overall, the general condition and health of the children attending was very good. It is gratifying to note that there is a small but definitely increasing tendency to breast-feeding in the younger mothers attending these clinics, with a very small proportion of difficulties in these cases.

Two clinics per week were held in Dun Laoghaire and in Sallynoggin. There were 3,157 visits for mothers, 2,269 for infants and 2,177 for children in the combined clinics for the year under review.

STILLORGAN AND DUNDRUM—Dr. E. Quigley

Child Welfare Clinics were held once a month in both Stillorgan and Dundrum during 1962.

The attendance at the Stillorgan Clinic continues to remain small, but the level of the child care in the area is good. One of the commoner faults is over feeding. The clinic supplies a definite need in the area, but the numbers availing of it remain small.

In Dundrum, following the death of Dr. Broderick, I took over the running of the Child Welfare Clinic. Again standards remain good. The numbers attending are small but a gradual improvement is taking place.

SUMMARY OF DOMICILIARY VISITS MADE BY NURSES

	VISITS PAID TO			
	Children under 1 year	Children 1—5 years	Tuberculosis Patients	Children's homes following School Medical Inspection
DUN LAOGHAIRE BOROUGH : Jubilee Nurses . . .	1,971	1,695	166	118
Dispensary Nurses	59	318	58	64
Public Health Nurses	460		299	339
	2,490	2,013	523	521
COUNTY AREA : Jubilee Nurses	14,147	20,043	3,884	2,908
Dispensary Nurses	1,919	1,153	837	412
Public Health Nurses	543		1,516	176
	16,609	21,196	6,237	3,496

FREE MILK SCHEME

Dun Laoghaire Borough and Dublin County

86,456 pints of loose milk were supplied during the year in the County Area at a cost of £2,181. The corresponding figure for the Dun Laoghaire Area was 65,432 pints at a cost of £1,653.

A total of 296 lbs. of powdered milk was supplied in both areas at a cost of £47 10s. 0d.

One hundred and twenty-four persons were supplied with milk under the Maternity and Child Welfare Scheme during the year. The amount involved was 15,440 pints costing £387.

SCHOOL MEDICAL SERVICE

DR. MARY HAMILL

The system of routine School Medical Inspection each year in the specific age groups is working very satisfactorily, and each school is now examined in approximately the same month each year, so teachers and parents know in advance when to expect the examinations. Parents are invited to attend, but there is a noticeable falling off in their attendance, especially in the rural areas. An average of ten per cent of mothers come to the inspection but these are usually interested in the entrants only.

The total number of children examined was less than in 1961. Last year's numbers included several hundred who were outside the age group, but who had never previously been examined. The number of defects found, other than Dental, has also decreased. The number of hearing and heart defects is accounted for by the fact that schools for children suffering from such defects are situated in the area.

A gratifying feature noted is the general high standard of nutrition. It is now rare to see a badly nourished or poorly dressed child, or a child with head infestation. Most of the children wear beautiful handknit garments, and in the older girls these are often knit by themselves.

There is still much overcrowding. Many new schools built in the last ten years are now too small, because planning allowance was not made for the subsequent development of the area. No teacher should be required to have seventy infants in a class—as is the case in some schools.

Schools designers still resist the idea of the necessity for a room for medical and dental inspections, inoculations, etc., which is essential under the present system of frequent examinations. The present method of using a large classroom which cannot be adequately heated is not satisfactory, and by upsetting the school routine is a great inconvenience to the teachers. Great credit is due to the teachers for their continued forbearance and co-operation.

To the managers and teachers for their help and co-operation, sincere thanks are due, and also to the nursing and clerical staff for their hard work and loyalty during the year.

**LIST OF SCHOOLS IN WHICH SCHOOL HEALTH EXAMINATIONS WERE
HELD DURING THE YEAR (See footnote).**

COUNTY AREA

Ballycorus	(1)	Sandyford	(2)
Rathmichael	(1)	St. Peter and Paul, Balbriggan	(3)
St. Anne's, Shankill	(1)	Balrothery	(1)
St. Brigid's Castleknock	(1)	Balscadden	(1)
Blanchardstown	(1)	Damastown	(1)
Lower Road	(1)	Naul	(1)
Clonsilla	(1)	Ring	(1)
Mulhuddart	(1)	St. Patrick's, Skerries	(2)
Mount Sackville	(1)	Milverton	(1)
St. Mary's School for Deaf Girls, Cabra	(1)	Holmpatrick	(1)
Castleknock	(1)	Loughshinny	(1)
Lucan Girls	(1)	Lusk	(2)
Lucan Boys	(1)	Corduff	(1)
Lucan Church	(1)	Hedgestown	(1)
Clondalkin Convent	(2)	Rush	(2)
St. Joseph's Clondalkin	(1)	Ballyboughil	(1)
Palmerstown Girls	(1)	Garristown	(1)
Palmerstown Boys	(1)	Rolestown	(1)
Clondalkin Village	(1)	Oldtown	(1)
Bluebell	(1)	Swords	(4)
Crumlin Village	(2)	Old Boro, Swords	(1)
Rathcoole	(1)	Portrane	(2)
Brittas	(1)	Church of Ireland, Donabate	(1)
Newcastle	(1)	Malahide	(3)
Saggart	(1)	St. Andrew's, Malahide	(1)
Firhouse	(1)	Cloghran	(1)
Glenasmole	(2)	Kinsealy	(2)
Tallaght Girls	(1)	Portmarnock	(1)
Tallaght Boys	(1)	St. Margaret's	(1)
St. Pappin's	(1)	Kilcoskan	(1)
Edmonstown	(1)	Clonsaugh	(1)
Whitechurch	(1)	Kilmashogue	(1)
Taney	(1)	Dundrum	(2)
St. Teresa's, Mount Merrion	(1)	Mount Anville	(1)
Central Remedial Clinic	(1)	Our Lady's, Columbanus Rd	(2)
Kilmacud	(1)	St. Brigid's, Cornelscourt	(2)
St. Philomena's, Stillorgan	(1)	Stillorgan Mixed	(1)
School for Deaf Boys, Stillorgan	(1)	C.B.S., Mount Merrion	(1)
		Glencullen	(1)
		Kilternan	(1)

DUN LAOGHAIRE BOROUGH AREA

Blessed Oliver Plunkett	(1)	St. Paul's, Glenageary	(1)
Monkstown Mixed	(1)	Mariner's	(1)
St. Joseph's, Tivoli Road	(1)	Sallynoggin	(1)
St. Joseph's, Glasthule	(1)	Harold Convent, Glasthule	(1)
C.B.S., Eblana Avenue	(1)	Dominican Convent	(1)
Loreto Convent, Dalkey	(1)	Harold Boys, Dalkey	(1)
St. Patrick's, Dalkey	(1)	Killiney	(1)
Ballybrack	(1)	St. Gabriel's, Cabinteely	(1)
St. John's, Blackrock	(1)	Carysfort Convent	(1)
St. Teresa's, Temple Hill	(1)	Boooterstown Convent	(1)
Boooterstown Boys	(1)	Boooterstown Mixed	(1)
All Saints, Blackrock	(1)	Linden Convalescent Home	(1)
St. Anne's Industrial School	(1)	Scoil Lorcain	(1)

NOTE—The number in brackets after the name of each school denotes the number of schools according to the Department of Education classification.

Defects discovered at School Medical Inspection	Dun Laoghaire Borough Area	County Area	Total
Vision	148	372	520
Squint	10	82	92
Other Eye Defects	—	7	7
General Appearance and Nutrition poor	—	8	8
Unclean : (a) Head	—	4	4
(b) Body	1	10	11
Teeth	847	2,260	3,107
Skin Disease	8	14	22
Tonsils and Adenoids	100	248	348
Other N. and T. conditions	12	36	48
Hearing	4	86	90
Ear Disease	—	5	5
Speech Defect	3	25	28
Glands	4	4	8
Heart (a) Functional	—	13	13
(b) Organic	98	3	101
Anaemia	3	6	9
Lungs	2	22	24
Nervous Diseases	—	1	1
Postural Defects	1	20	21
Deformities	1	6	7
Mental Conditions	43	8	51
Unvaccinated	1,228	3,169	4,397
No of children examined	2,094	4,831	6,925
No. free from defect	1,039	2,249	3,288
No. of parents present at examination	458	498	956
No. referred to hospitals re eye defects			1,097
No. referred to hospitals re Tonsils Adenoids and other E.N.T. defects			567

COUNTY DENTAL SERVICE

MR. V. J. MCGOWAN, L.D.S.

The year was marked by the appointment of Mr. J. McCloskey, L.D.S., to the post of wholetime Dental Surgeon, thus bringing the County Area dental staff to three whole-time and three part-time Dental Surgeons.

The Stillorgan dental clinic which was equipped in 1961, was brought into operation in April with two clinical sessions each week. While these are inadequate to provide a comprehensive dental service to the schools of the district, it must be considered an improvement on previous arrangements.

All examinations were carried out in the schools and at times conditions—due to overcrowding and bad light—were far from satisfactory.

An improvement was noted in the dental condition of the children examined in those schools which had received two to three courses of dental treatment since 1956. The number of teeth needing extraction showed a marked reduction and consequently the number of conservation required to render a child dentally fit, increased. The result in these cases will be, that these children will possess more teeth of their permanent dentition when leaving school, than the school-leaving children of previous years.

	No. Treated	Attendances	Extractions	Fillings	Other Treatments	General Anaesthetics	Completed
Mr. V. McGowan	1,624	3,229	1,383	2,942	877	178	1,373
Mr. P. O'Gorman	685	5,110	1,305	1,909	1,807	121	493
Mr. J. McCloskey	2,190	2,124	2,232	1,717	813	549	2,095
Three sessional dentists	1,872	2,433	1,471	2,176	1,533	320	—

Mr. P. J. O'Gorman, L.D.S., Our Lady's Clinic, Dun Laoghaire, writes :

The great majority of children who came for dental treatment attended following school medical examination.

It gives me pleasure to record that the children generally have well-formed teeth, and a high standard of physique, with every sign of excellent home care in every respect except that of teeth and gums. The dental home care has improved however, as regards girls. A disadvantage to conserving their teeth, lies in the fact that most children are not dentally examined in the important pre-school age group $2\frac{1}{2}$ —5 years. It is disappointing to have them attending for their first visit at the age of seven or eight years, suffering pain due to advanced caries, and resulting in radical treatment of permanent teeth.

The appointment of Mr. Darcy, L.D.S.I., who holds two clinics weekly of 3 hours each, to treat the school children of Dalkey, has been of great assistance to me. This service is much appreciated by the parents and children.

TUBERCULOSIS CLINICS

F. O SIOCHFHRADHA, Assistant County Medical Officer.

Return of number of patients registered in County Dublin (including Dun Laoghaire Borough) in the year ended 31st December, 1962.

	RESPIRATORY TUBERCULOSIS			NON-RESPIRATORY TUBERCULOSIS			TOTAL
	Children under 15	Males	Females	Children under 15	Males	Females	
1. On Register 31st December, 1961	186	622	601	99	86	84	1,678
2. Additions to register during year ended 31st December, 1962							
(a) Patients not stated to have been previously on a Tuberculosis Register	8	62	43	5	11	18	147
(b) Previously on a Tuberculosis Register, i.e. reactivated and not already reckoned above	—	7	5	—	1	6	19
3. Total of 1 and 2. (a) and (b)	194	691	649	104	98	108	1,844
4. Removals from Register during year ended 31st December, 1962							
(a) Discharged quiescent	9	30	37	7	6	8	97
(b) Died	—	9	1	—	—	1	11
(c) Other reasons	4	20	18	4	7	1	54
TOTAL REMOVALS	13	59	56	11	13	10	162
5. On Register 31st December, 1962 i.e. 3 less 4 above	181	632	593	93	85	98	1,682

NEW CASES REGISTERED IN COUNTY DUBLIN IN 1962.

	Sex	All Ages	Under 1 year	1—4	5—14	15—24	25—34	35—44	45—54	55—64	65—74	75 and over
Pulmonary Tuberculosis (other than primary)	M	69	—	—	—	9	16	9	18	12	2	3
	F	45	—	—	—	12	16	9	3	2	2	1
Primary Tuberculosis	M	6	—	1	5	—	—	—	—	—	—	—
	F	5	1	—	1	3	—	—	—	—	—	—
Non-Pulmonary Tuberculosis	M	13	—	—	2	2	4	2	—	3	—	—
	F	28	—	—	3	8	7	6	2	—	1	1
TOTAL		166	1	1	11	34	43	26	23	17	5	5

The highest incidence of tuberculosis is in the 25—34 age group. Of the newly registered male pulmonary cases (other than primary) 50.1 % are in the age groups over 45. Of the newly registered female pulmonary cases 17.7% are in the over 45 age groups.

NEW CASES REGISTERED COUNTY DUBLIN 1952—1962

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Central Clinic Area	270	262	231	265	218	157	115	134	116	151	89
Dun Laoghaire Clinic Area	195	187	215	125	123	120	96	89	86	49	77
	465	449	446	390	341	277	211	223	202	200	166

MAINTENANCE ALLOWANCES :

The number of patients in receipt of Maintenance Allowances during Financial Year 1962 122

Total amount paid during Financial Year 1962 £6,247 4s. 10d.

DOMICILIARY WELFARE SCHEME

The number of patients who received assistance under the Domiciliary Welfare Scheme, during the past twelve months ending 31/12/62 under the headings of food, clothing, beds and/or bedding.

No. in receipt of Food	....	....	....	....	28
No. in receipt of Clothing	....	....	....	....	55
No. in receipt of Beds	....	....	....	....	7
No. in receipt of Bedding	....	....	....	....	9
No. in receipt of Mattresses	....	....	....	....	7

B.C.G. VACCINATIONS

The following work was carried out by the National B.C.G. Committee in County Dublin in 1962.

New Attendances	Pre-tests	B.C.G. Vaccinations	Post-Vaccinal Tests	Follow-up Tests
1,908	2,376	889	269	662

ATTENDANCES AT CLINICS

The decrease in the number of vaccinations as compared with 1961 (2,768) is due to the fact that no work was done in the schools during the year, and only one Clinic is now in operation in Dun Laoghaire. As the National B.C.G. Committee may not be able to take on school work in future, it is necessary that alternative arrangements should be made to offer testing and vaccinations to school-leavers.

The average attendance per session at each tuberculosis dispensary was as follows :

	Day Clinic (Twice Weekly)	Night Clinic (Once Weekly)
Central	20	7
Our Lady's Clinic, Dun Laoghaire	21	8
Charles Street	4	—

X-RAY FACILITIES

The following radiological examinations were carried out during the year :

X-Ray Department, Central Clinic....	1,533
X.-Ray Department, St. Michael's Hospital	784
X-Ray Department, St. Columcille's Hospital	57
X-Ray Department, Monkstown Hospital	6
X-ray Department: Lord Edward Street,	7
Total	2,387

LABORATORY INVESTIGATIONS :

The following sputum examinations were carried out in the Department of Pathology, St. Kevin's Hospital and in the Department of Pathology, University College :

	Dun Laoghaire Clinic	Central Clinic	Charles Street	Total
Direct Smear	231	110	19	360
Cultures	229	106	12	347
Sensitivity Tests	17	10	2	29

COUNTY DUBLIN VETERINARY DEPARTMENT

JOHN A. FLYNN, M.R.C.V.S.

Chief Veterinary Officer

This report is divided into the following sections :

- (1) Milk and Dairy Inspection.
- (2) Slaughter-house and meat inspection.
- (3) Diseases of Animals Acts and Orders.

MILK AND DAIRIES ACTS 1935 AND 1956

REGISTRATION OF DAIRYMEN REGULATIONS 1936

These regulations provide for the registration of producers of milk and purveyors of milk, either wholesale or retail, with the Local Authority. There are exemptions, e.g., creameries which buy milk solely for conversion into butter. Certain creameries have been licensed to sell milk as liquid milk during times of shortage but the producers supplying such creameries must be registered. As there are no creameries in County Dublin the exemption does not apply. The following table gives particulars of milk producers and retailers registered for the sale of milk in County Dublin together with the number of cows owned by registered producers.

TABLE NO. 1—REGISTERED PREMISES

District	Milk Producers' Dairy Premises	Shops, Stores, Etc.	Dairy Cattle
Balrothery	157	82	3,810
North Dublin	63	19	2,195
Celbridge	110	17	1,863
South Dublin	137	87	2,859
Rathdown	52	114	854
Totals	519	319	11,581

During the year new registrations included 17 producers and 18 shops where milk is sold. In the same period 26 producers retired from business and 18 shops gave up the sale of milk.

REFUSAL OF REGISTRATION

Two applications for registrations were refused, the first being a shop with a lending library and the second a hardware shop selling electrical appliances. In the first case the library was removed and registration was subsequently granted. In the second case a separate milk store was constructed and this was registered.

CANCELLATION OF REGISTRATION

One draft Cancellation Order was served on a milk producer whose premises were damaged by fire. The dairyman in question reconstructed his premises and it was not considered necessary to proceed with the Cancellation Order.

MILK AND DAIRIES REGULATIONS 1937

These Regulations provide for the clinical examination of all dairy cows in registered dairies at least once in every six months. The following table sets out particulars of reports received from the veterinary Officers on the inspection of dairies and clinical examination of milch cows during the year.

TABLE NO. 2—VETERINARY OFFICERS' REPORTS ON DAIRY INSPECTION

District	No. of Re- ports	Cows in Milk	Dry Cows and Heifers	Totals	Septic Mastitis		Milk Samples Taken for TB	
					Acute	Chronic	Posi- tive	Nega- tive
Balrothery	645	5,955	294	6,249	9	170	1	—
North Dublin	245	3,319	88	3,407	14	81	—	1
Celbridge	183	2,151	747	2,898	—	—	—	—
South Dublin	428	6,304	241	6,545	—	166	—	6
Rathdown	197	1,624	109	1,733	1	35	—	—
Totals	1,698	19,353	1,479	20,832	24	452	1	7

There was a reduction in the number of visits to dairies but a slight increase in the number of animals clinically examined. The figures for mastitis, acute and chronic, also showed an increase. As in previous years these figures are only an approximate indication of the incidence of the disease. The more progressive dairymen use the strip-cup before every milking to detect early cases of mastitis and to apply appropriate remedies. It is essential, if the disease is to be checked in the herd, to find out the affected animals at an early stage otherwise the disease may be spread by the milking machine or by the hands of the milkers.

There were only eight cases of indurated udders suspected to be due to tuberculosis detected during the year. One milk sample was found to be positive for tuberculosis. The animal in question was subsequently removed under the Bovine Tuberculosis Eradication Scheme. This case will be dealt with in the section devoted to the Bovine Tuberculosis Order.

IMPROVEMENTS TO PREMISES

It is difficult to compile particulars of all improvements carried out to dairy premises in the course of the year but the following table is made up of extracts from reports received.

TABLE NO. 3—IMPROVEMENTS TO PREMISES

	Bal-rothery	North Dublin	Cel-bridge	South Dublin	Rath-down	Totals
New cowbyres	2	—	1	—	4	7
Reconstructed cowbyres	5	—	2	—	—	7
New utensils stores	6	3	4	—	—	13
Milking machines installed	9	2	2	1	—	14
Electric water pumps installed	5	2	—	—	—	7
Water supply laid on	1	1	—	—	—	2
Electric water heaters installed	2	1	—	—	—	3
Coolers installed	1	1	1	—	—	3
Yards concreted	3	—	—	—	—	3
Milking parlours provided	—	1	—	—	—	1
Sterilising equipment installed	1	—	—	—	—	1

Machine milking continues to increase in number due to the difficulty in obtaining hand-milkers. In any event machine milking is much more rapid than hand milking and is almost a necessity with large herds. The rural electrification scheme which now extends to practically all farms enables cowbyres to be lighted by electricity and this is an asset in the production of clean milk.

HEALTH INSPECTORS' REPORTS

Two health inspectors are seconded to the veterinary department for the inspection of milk and meat. They do not, of course, carry out clinical examinations of milch cows but are concerned solely with the hygiene of milk production. They also deal with applications for registration of shops for the sale of milk. The following table summarises reports submitted by them on the inspection of dairies and milk shops during the year.

TABLE NO. 4—HEALTH INSPECTORS' REPORTS

Districts	Bal-rothery	North Dublin	Cel-bridge	South Dublin	Rath down	Total
Number of Inspections	863	342	643	674	584	3,106
Year 1961	992	364	562	701	651	3,270

When the Food Hygiene Regulations came into force it was agreed, after consultation with the Chief Medical Officer, that the Health Inspectors attached to the Veterinary Department would be responsible for the enforcement of the Regulations regarding food stuffs, other than milk, sold in shops registered for the sale of milk. The purpose of this arrangement was to avoid duplication of inspection.

MILK AND DAIRIES (SPECIAL DESIGNATIONS) REGULATIONS

There are four grades of milk covered by these Regulations, viz., Highest Grade, Standard, Pasteurised and Grade 1 Pasteurised

The licensing authority for milk sold under any of these designations is the Department of Agriculture. The local Authority, however, issues Dealer's Licences for the sale of graded milk in shops. The following table gives particulars of licences in force during the year in County Dublin.

TABLE NO. 5—LICENCES ISSUED UNDER THE SPECIAL DESIGNATIONS REGULATIONS

Licences	Districts					Totals
	Bal-rothery	North Dublin	Cel-bridge	South Dublin	Rath-down	
Producer's Licence to sell bottled Highest Grade Milk	1	—	1	—	1	3
Producer's Licence to sell unbottled Highest Grade Milk	3	—	3	—	6	12
Pasteuriser's Licence to sell bottled Pasteurised Milk	1	1	—	—	—	2
Dealer's Licence to sell Pasteurised Milk	77	18	17	77	105	294

During the year one producer of Highest Grade Bottled Milk in the Balrothery district disposed of his dairy herd thereby reducing the number of licences in force in this area from two to one. A new Highest Grade Bottler's licence was issued to a producer in the Celbridge district. The total number of licences issued was 3 compared with 4 in 1961. There was an increase of one in the number of producers licences for Highest Grade un-bottled milk. The person concerned had formerly a bottler's licence. Two premises were licensed in the County for Pasteurised milk chiefly their own supplies and for their own customers.

Grade 1 Pasteurised Milk : There is no licence under this designation in force in County Dublin.

SLAUGHTER-HOUSE AND MEAT INSPECTION

This section covers the licensing and inspection of slaughter-houses under the Slaughter-house Bye Laws; the inspection of food animals ante mortem and subsequently the inspection of the meat of these animals; the humane treatment of animals in slaughter-houses, including the use of the humane killer for stunning purposes; the licensing of butchers who use the humane killer and the licensing and inspection of meat shops.

The total number of slaughter-houses licensed in the County during 1962 was 26 which was the same as for the previous year. These slaughter-houses were used by 39 butchers. The figure for slaughter-houses includes the abattoir at Balbriggan which is owned by the County Council and used by the butchers in that town and also some butchers in Skerries. The total number of shops licensed under the Food Hygiene Regulations was 81. Table 6 gives particulars of the distribution of these premises.

TABLE NO. 6—SLAUGHTER-HOUSES AND MEAT TRADERS IN THE COUNTY

District	Number of Licensed Slaughter-houses	Number of Meat Shops	Number of Meat Traders Using Slaughter-house
Balrothery . . .	9	18	14
North Dublin	3	2	5
Celbridge	4	4	4
South Dublin	4	30	6
Rathdown	6	27	10
Totals	26	81	39

During the year one slaughter-house in South Dublin which had been closed for some time was reopened. Another slaughter-house in the Rathdown District was closed as the owner had disposed of the land adjacent to the slaughter-house for building purposes. Table 7 gives particulars of the number of animals of various classes which were slaughtered in County Dublin slaughter-houses during the year.

TABLE NO. 7—SLAUGHTERINGS IN ALL DISTRICTS DURING THE YEAR

Districts	Heifers	Cows	Bul- locks	Calves	Sheep	Lambs	Pigs
Balrothery	1,570	29	29	21	2,314	3,448	157
North Dublin	886	13	2	2	2,890	2,431	—
Celbridge	571	—	—	1	2,003	1,070	—
South Dublin	1,683	122	63	57	6,241	2,668	41
Rathdown	916	7	18	4	3,224	902	71
Totals	5,626	171	112	85	16,672	10,519	269
Year 1961	5,656	186	104	114	12,540	14,353	440

The figures for Balrothery include slaughterings which took place at the Balbriggan abattoir which were as follows : cattle 635, sheep 279, lambs 1,436, calves, 2, pigs 3.

In the above table the division of sheep into categories of sheep and lambs is probably not as correct as one would wish. Lambs born early in the year are frequently called lambs up to Christmas and even later. The number of animals slaughtered was approximately the same as in the previous year.

It has not been found possible to ensure the inspection of all meat slaughtered in the County owing to the number of slaughter-houses, scattered situations, the spreading of slaughtering over several days and the limited staff available for inspection. Certain premises, however, which supply meat solely to the City are visited each day that slaughtering takes place and all meat must be retained for inspection. As it is proposed to introduce stamping regulations for all meat consumed in the City it is probable that arrangements will have to be made for the stamping of all carcasses of animals slaughtered in the County before removal to the City.

The bye-laws for the control of the abattoir in Balbriggan were revised during the year for the purpose of increasing the killing charges. It is not anticipated that the new charges will meet running costs but the gap between income and expenditure should be greatly narrowed. The following table summarises the inspection of slaughter-houses and meat shops by the veterinary officers together with the inspection of meat animals, both ante and post mortem.

TABLE NO. 8—VETERINARY OFFICERS' REPORTS ON SLAUGHTER-HOUSES AND MEAT SHOPS

District	No. of Inspections		Number		of Animals Examined			
	Slaughter-houses	Meat Shops	Cattle		Sheep		Pigs	
			A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
Balrothery	274	236	20	614	44	1,710	—	2
North Dublin	75	42	18	220	35	873	—	—
Celbridge	212	174	287	278	816	1,531	—	—
South Dublin	259	32	151	1,959	668	6,414	—	5
Rathdown	276	20	311	473	155	2,188	—	2
Totals	1,096	504	787	3,544	1,718	12,716	—	9
Year 1961	1,194	489	693	3,232	1,740	12,750	—	15

Inspections of slaughter-houses are so arranged that veterinary officers and health inspectors will not visit premises on the same day. Generally speaking it is not possible to arrange more frequent inspection than two per week with the exception of the premises referred to above which supply meat to the City.

The Health Inspectors attached to the Veterinary Department have been specially trained in meat inspection and are competent to decide the suitability or otherwise of meat for human consumption. When the question of total condemnation of a carcass arises it is usual for the final inspection to be made by a veterinary officer in case of any possible subsequent dispute as to condemnation. The following table gives particulars of inspections carried out by the Health Inspectors of slaughter-houses, meat shops and meat.

TABLE NO. 9—HEALTH INSPECTORS' REPORTS ON SLAUGHTER HOUSES AND MEAT SHOPS

District	Number of Inspections		Number of Animals Examined		
	Slaughter-houses	Meat Shops	Cattle	Sheep	Pigs
			P.M.	P.M.	P.M.
Balrothery	473	685	1,544	5,263	162
North Dublin	179	66	857	5,006	—
Celbridge	182	126	484	2,820	—
South Dublin	161	323	961	4,162	211
Rathdown	201	340	889	3,698	86
Totals	1,196	1,540	4,735	20,949	459
Year 1961	1,185	1,328	3,763	17,401	335

UN SOUND MEAT

During the year under review 2 tons 7 cwts. 3 qrs. of meat was seized and destroyed as unfit for human consumption. The disease or abnormal condition affecting carcasses which were totally condemned are set out in Table 10.

TABLE NO. 10—RETURN OF CARCASSES WHOLLY OR PARTIALLY CONDEMNED

Condition	Cattle		Sheep		Pigs	
	Whole	Partial	Whole	Partial	Whole	Partial
Gangrene	1	—	—	—	—	—
Bruising	1	1	—	—	—	—
Ragwort Poisoning	1	—	—	—	—	—
Sepsis	1	—	—	—	—	—
Fever	—	—	1	—	—	—
Tumour	1	—	—	—	—	—
Absscess	—	1	—	—	—	—

It will be noticed that in no case was tuberculosis the cause of seizure. This is the reverse of the trend in previous years where this disease accounted for the greater proportion of total condemnations. Tuberculosis is now rarely seen in slaughter-houses and when it is the animal is traced back to its place of origin and reported to the Department of Agriculture for further investigation. All carcasses which were seized as unsound were sent to a knacker's yard in the City for destruction. Portions of carcasses were disposed of locally by burial. The following table gives a return of unsound or diseased organs which were seized apart from those in carcasses wholly condemned.

TABLE NO. 11—RETURN OF UNSOUND AND DISEASED ORGANS

Condition					Cattle	Sheep
LIVERS :						
Tuberculosis	....	....	....	....	3	—
Cirrhosis	....	....	....	....	91	37
Fluke	....	....	....	....	22	131
Abscesses	....	....	....	....	9	—
Cirrhosis and Abscess	....	....	....	....	2	—
LUNGS :						
Tuberculosis	....	....	....	....	10	—
Abscesses	....	....	....	....	5	—
HEADS :						
Tuberculosis	....	....	....	....	6	—
Abscesses	....	....	....	....	3	—
Actinomycosis	....	....	....	....	1	—
TONGUES :						
Tuberculosis	....	....	....	....	4	—
Abscesses	....	....	....	....	1	—
Actinomycosis	....	....	....	....	1	—
HEARTS :						
Tuberculosis	....	....	....	....	3	—
Abscesses	....	....	....	....	1	—
SPLEEN :						
Tuberculosis	....	....	....	....	2	—
STOMACH :						
Tuberculosis	....	....	....	....	2	—
INTESTINES :						
Tuberculosis	....	....	....	....	2	—
UTERI :						
Tuberculosis	....	....	....	....	2	—

All the above organs were disposed of locally by burial.

SLAUGHTER OF ANIMALS ACT, 1935

This Act requires all butchers using the humane killer to be licensed. The licence fee is five shillings and the licence must be renewed annually. The total number of butchers licensed during the year was 46 which was an increase of 11 over the previous year.

FOOD HYGIENE REGULATIONS

During 1962 four fresh applications for registration of meat shops were received. There were also four transfers of registration to new owners and during the same period three meat shops were closed. One meat shop and one sausage factory for which temporary registration had been granted in 1961 were fully registered in 1962.

DISEASE OF ANIMALS ACTS AND ORDERS

SHEEP SCAB

(a) The owner of a flock of sheep grazing on a farm in Celbridge reported that he suspected the animals were suffering from Sheep Scab. The flock, which consisted of 63 ewes and 19 lambs, was examined by the local veterinary officer who found 15 animals showing symptoms of Sheep Scab. Wool samples were taken and the presence of the disease was confirmed at the Department Laboratory. The sheep were dipped under supervision and were kept under observation for some time before the Detention Notice was withdrawn. These sheep had been purchased at a sheep sale in the City during October 1961 and this information was furnished to the Department of Agriculture in an effort to trace the origin of the disease.

(b) The Department of Agriculture notified the finding of Sheep Scab in sheep exposed for sale in a sales yard in Kildare. Some of the sheep had been purchased in Co. Dublin and the examination of the remaining sheep on the farm was requested. The total number of animals, 135 ewes, and 102 lambs, which were grazing at The Ward, were examined but showed no evidence of Sheep Scab.

(c) The Department of Agriculture also notified the confirmation of Sheep Scab in a flock of sheep owned by an institution in Tipperary. There was a second lot of 99 sheep on the land where the disease had been confirmed but which had not been in contact with the diseased sheep. Permission was requested to bring these animals to a County Dublin slaughter-house for slaughter. This was given and the sheep were moved under licence and slaughtered under supervision.

BOVINE TUBERCULOSIS ORDER, 1926

There were four investigations of suspected tuberculosis carried out during the year as indicated in the following table :—

TABLE No. 12

Bovine Tuberculosis Order 1926

Number of premises where investigations were carried out	4
Number of animals examined on premises	78
Number of milk samples taken (Individual 2, Group 6)	8
Number of samples found positive	1
Number of animals slaughtered :	
(a) Tuberculosis of the udder or giving tuberculous milk	—
(b) Tuberculosis emaciation	—
(c) Chronic cough with definite clinical symptoms of tuberculosis	1
Number of animals showing no lesions of tuberculosis on post mortem examination	—
Number of animals found not to come within the scope of the Order	—

Compensation Paid

Full compensation	£25 0 0
Total salvage	£19 10 0

(1) A veterinary practitioner reported a cow in a registered dairy which he suspected to be suffering from tuberculosis. This cow had given a positive reaction to a tuberculin test. On examination the animal appeared to come within the scope of the Order and a valuation of £25 was made by agreement with the owner.

The cow was removed to the City abattoir where slaughter was carried out. Post mortem revealed non-advanced lesions of tuberculosis. The carcass realised £21 when sold but a deduction of £1 10s. 0d. was made for cartage of animal from the farm to the abattoir.

(2) Some cases of cervical adenitis in children were reported by the Chief Medical Officer who requested that the dairy herd supplying milk to the family should be examined. It was found that the herd in question had been tubercle-free for several years and infection from this source was most unlikely. However, the cows were grouped and samples of mixed milk from each group were taken for microscopical and, if necessary, biological examination. These tests turned out negative for tuberculosis.

(3) A further report concerning cervical adenitis in a child was received from the Chief Medical Officer. The dairy herd supplying the milk was owned by the father of the child. The cows had been tested some time previously and reactors removed. A clinical examination of the herd was made and the milk of one cow with an indurated udder was sampled. This, however, proved negative for tuberculosis on microscopical examination. A biological test was not considered necessary.

(4) One veterinary officer in the course of dairy inspection found a cow in a registered dairy with an indurated udder. A sample of milk taken from this cow revealed the presence of numerous acid fast bacilli. As the cow in question had reacted to a tuberculin test carried out by a veterinary practitioner under the Bovine Tuberculosis Eradication Scheme, it was decided to allow her removal by the Department of Agriculture along with other reactors. The Department was notified and the cow was removed in the course of a few days for slaughter.

BOVINE TUBERCULOSIS ERADICATION SCHEME

The Department of Agriculture made an Order declaring County Dublin a clearance area as and from April 2nd, 1962. Two Orders were made (a) Bovine Tuberculosis (Clearance Area) Order 1962 and (b) Bovine Tuberculosis (Control of Movement and Public Sales of Cattle) Order 1962. The making of these Orders was received with satisfaction by the farmers of the County who had already made considerable progress in clearing their herds of tuberculosis. In order to assist in the administration of the scheme special attention was paid to animals removed from the Dublin market to slaughter-houses in the County for slaughter. Special ear tabs were affixed to these animals and permits were issued to the place of slaughter. The tabs were checked against

the permits to see that no unauthorised movements took place. When tuberculin-tested sales take place in the City market movement licences are not required and special ear tabs are not used.

SHEEP DIPPING ORDERS, 1937 TO 1948

The compulsory dipping season commences on August 1st and ends on October 31st. In County Dublin sheep owners are required during that period to dip their sheep in an approved sheep dip under the supervision of an inspector appointed by the County Council. Before the commencement of the dipping season a special report is submitted for the Manager's approval and the sanction of the Department of Agriculture to the arrangements necessary to supervise the dippings of sheep in the County. For many years past this report included provision for the making of Special Regulations for the dipping of sheep in the mountain area of South Dublin. Sheep owners in this area are notified when to dip their sheep instead of giving the usual five days notice. In the remainder of the County sheep owners are at liberty to make their own arrangements provided they give the requisite notice and dip within the limits prescribed by the Order. Five temporary sheep dipping inspectors were appointed and the sheep population was divided as evenly as possible between them. These inspectors were required to visit sheep owners and arrange suitable dates for dipping. They were also required to attend the dipping and issue certificates when dipping was completed. The following table gives particulars of the number of sheep dipped during the dipping period.

TABLE No. 13.

Return of Sheep Dipped during the Year

District					No. of Dippings
Balrothery	....	....	....	....	17,200
North Dublin	....	....	....	....	3,250
Celbridge ....	....	....	....	....	2,357
South Dublin	....	....	....	....	4,975
Rathdown	....	....	....	....	2,180
Scheduled Area	....	.....	....	....	5,939
Total	....	....	....	....	36,174

VETERINARY SERVICE—DUN LAOGHAIRE BOROUGH

M. P. GERAGHTY,

Veterinary Officer

I desire to submit the following report on the duties carried out by the Corporation's Veterinary Section during the year ended 31st December, 1962.

Duties are concerned with the Diseases of Animals Acts; Slaughter of Animals Act, 1935; Public Health (Veterinary Inspection) Order, 1929; Slaughter House Bye-Laws, 1941; Food Hygiene Regulations, 1950; Milk and Dairies Act, 1935, and 1956, and Regulations thereunder.

INSPECTION OF MEAT SHOPS :

During the year 186 inspections were carried out to ensure compliance with the Food Hygiene Regulations.

INSPECTIONS OF SLAUGHTER HOUSES

1,168 inspections were carried out. There are eleven privately owned slaughterhouses which provide slaughtering facilities for the majority of butchers in the Borough. Often there is overcrowding in the slaughterhouses making it difficult to achieve ideal standards of hygiene.

SLAUGHTER OF ANIMALS ACT

In accordance with this Act, persons engaged in the slaughter of animals are required to hold a licence and to use an approved instrument for the stunning of animals previous to slaughter. Twelve licences were issued during 1962.

Below is a summary of the animals slaughtered :

			Number	Partly	Wholly
			Slaughtered	Condemned	Condemned
Cattle	....	....	3,683	98	2
Sheep	....	....	20,607	160	Nil
Pigs	....	....	2,403	79	Nil

Unsound meat and offals, etc., condemned amounted to approximately 3,819 lbs. Diseased conditions encountered were mostly affections of livers in cattle and sheep and pleurisy and pericarditis in pigs. The drop in condemnations due to tuberculosis was very noticeable. Tuberculosis was encountered only in five heifers and six pigs. *Cysticercus bovis* infection was found in twelve heifers.

MILK AND DAIRIES

No. of dairymen on Register	....	....	224
No. of dairymen whose production premises are outside sanitary district	....	....	65
No. of registered milk shops	....	....	46
No. of bottling premises	....	....	1
No. of milk producers	....	....	9
No. of cows in herds of registered milk producers	....	....	197 (approx.
No. of inspections of dairy premises	....	....	99

EXAMINATION OF COWS IN DAIRY YARDS

Inspection of registered milk producers' premises were directed to ensure compliance with the provisions of the Milk and Dairies Act and Regulations thereunder. All cows were clinically examined at frequent intervals to ensure freedom from disease likely to contaminate the milk supply.

TUBERCULOSIS ORDER, 1926

Clinical examination failed to reveal any cows with tuberculosis infection as defined by this order. In all cases where any abnormality of the udder, suggestive of tuberculosis, was encountered, a sample of milk was obtained for microscopic and, if necessary, biological examination. Below is the summary of the samples taken :—

	No. of samples	Presence of acid-fast bacilli
Microscopic examination	25	1
Biological examination	17	Nil

The acid-fast bacilli found on microscopic examination in one of the individual samples proved on biological examination to be a typical in type.

Also churn samples were taken at milk producers' premises as a check on cleanliness of methods used in milk production. Results are as shown below :

	No.	Satisfactory	Unsatisfactory
Bacterial count	20	20	Nil
Test for coli-bacilli	20	14	6
Methylene blue	20	10	10

MILK AND DAIRIES (SPECIAL DESIGNATIONS) REGULATIONS, 1928

Under these regulations 117 Dealers' Licences were issued during the year to sell pasteurised milk. Most of the milk sold retail is pasteurised. Inspections of milk shops ensured that milk was stored and handled in a proper manner.

“HIGHEST GRADE” MILK

There is only one producer licensed by the Minister to use the Special Designation “Highest Grade”. Results of samples taken during the course of inspections are as shown below :

	No.	Satisfactory	Unsatisfactory
Methylene blue	13	13	Nil
Test for coli-bacilli	13	10	3

“PASTEURISED MILK”

There is one pasteurising plant licensed by the Minister. Twelve samples of bottled pasteurised milk taken at the plant during the course of inspections proved satisfactory when examined at the state laboratory.

Samples of pasteurised milk delivered in bulk (churn) were also taken and results are shown below :

	No.	Satisfactory	Unsatisfactory
Bacterial count	10	9	1
Test for coli-bacilli	10	9	1
Methylene blue	10	9	1

HOUSING—COUNTY

Operations under the Housing (Miscellaneous Provisions) Act, 1931 :

No. of new houses provided	....	....	....	77
No. of old houses relet	....	....	....	7

(Two of these relettings are in respect of Co. flats at Ballyboden)

Unfit houses were dealt with as follows :

Demolition Orders	....	....	....	....	25
Repairs Notices	....	....	....	....	28
Undertakings	....	....	....	....	29
Closing Orders	....	....	....	....	1

COUNTY SURVEY

No of houses regarded as unfit by the Health Inspectors	....	....	....	....	819
No. of unfit houses already registered	....	....	....	....	264
Total	....	....	....	....	1,083

No of these regarded by the Engineer as being not capable of repair	....	....	....	591
No. of these regarded by the Engineer as being capable of repair	....	....	....	492

Seventeen notices for abatement of overcrowding under the Council's Bye-laws were issued.

HOUSING—BOROUGH OF DUN LAOGHAIRE

No. of families re-housed during 1962 in new dwellings	46
No. of families re-housed during 1962 in "casual vacancies" in the Corporation estate	29
Total number of houses in Corporation Estate at 31/12/62	3,372
Number of houses under construction at 31/12/62	44
Number of houses for which land is in possession of the Corporation	170 approx.

HOUSING REQUIREMENTS :

In reported dated 13/5/61, I estimated that the Corporation would have to provide 350 new houses over the next 25 years. This figure was based wholly on the needs of families to be displaced from unfit or absolescent dwellings over that period. The number of "casual vacancies" (60 per annum) occurring in the Corporation estate at that stage appeared to be sufficient to cater for needs arising from natural population growth.

During the year 1962 “casual vacancies” dropped to 29 and present indications are that, if anything, this figure will continue to fall.

A Scheme of 90 houses at Rory O’Connor Park which commenced in October, 1960 is due for completion early in 1963. In addition to this Scheme, the Corporation has sites for approximately a further 300 houses, but having regard to the reduction in the number of casual vacancies and the virtual impossibility of young working class couples in the Borough obtaining private housing accommodation on marriage, I have recommended that the Corporation should endeavour to acquire additional land to meet its future housing needs. The Borough Surveyor is, at present, carrying out a survey with a view to listing any suitable land in or adjoining the Borough.

OPERATIONS UNDER HOUSING (MISCELLANEOUS PROVISIONS) Act, 1931

Of 42 unfit houses dealt with during 1962,			
demolition orders were made in ....	....		4 cases
closing orders were made in ....	....		20 cases
undertakings were accepted in ....	....		13 cases
repair notices were served in ....	....		5 cases

A Survey of private houses carried out during the year showed a total of 216 unfit dwellings not yet dealt with. The dwellings are being inspected by the Borough Surveyor’s Department to ascertain whether or not they are capable of repair at reasonable cost.

HOUSING (AMENDMENT) ACT, 1948—SECTIONS 11 AND 12

There are 258 multiple dwellings registered with the Corporation. In its operations in this connection, the Corporation endeavours to raise the standard of private flat dwellings and to eliminate lettings of rooms lacking proper water and sanitary facilities. Where permissions are granted in respect of premises which do not meet the Corporation’s full requirements, they are granted for short periods only and the owners are warned in advance of the terms on which future licences, if any, will be issued.

HEALTH INSPECTORATE

MICHAEL MAGUIRE

Supervising Health Inspector

I submit a Report showing the workings of the Health Inspectors under my supervision for the year 1962, in the Dublin County and Dun Laoghaire areas. Dublin Airport and Dun Laoghaire Seaport are included in these areas. The establishment of Health Inspectors for this area consists of one Supervisor, and Six Inspectors—three of whom work within the Borough.

COUNTY DUBLIN

FOOD AND DRUGS ACT

Formal Samples taken	....	....	....	....	58
Informal Samples taken	....	....	....	....	330

Formal and informal samples are taken by the Inspectors. Each gives one day a month to this work. Compared to last year, the number of samples taken has increased.

RATS AND MICE DESTRUCTION ACT, 1919

Inspections	238
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Up to this year, there was one operator in the County who did the disinfecting of houses after infectious disease, and attended to individual complaints of rat infestation. The City and County services were amalgamated during the year, and the whole is now served by the larger organisation based in Francis Street, Dublin. More extensive rodent control operations can now be done by the larger staff than was possible heretofore.

All the County Council tipheads were disinfested. A good job cannot be done on them when the method of tipping is uncontrolled. The problems resulting from rodent and insect infestation; the emission of smoke and odours from burning loosely-packed tips are such, that the continuation of this disposal should be reconsidered.

FOOD HYGIENE REGULATIONS

Premises inspected	949
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Greater emphasis was placed on the operation of these regulations, and a record card system of inspections was introduced. The frequency of visits was increased, and I believe that the standards have been maintained, and in some instances improved. Unfortunately, on a few occasions, there were such serious breaches of the regulations that prosecutions had to follow.

Twenty-eight new applications for registration of Food Premises were received during the year under review. The premises in each case were inspected and the applicant notified of the Authority's decision to register, provisionally register, or to refuse registration of their premises. Premises which were provisionally registered at the close of 1961 were also dealt with. The position at the 31st December, 1962, was as follows :

Registered during year	....	....	....	....	12
Provisionally registered at 31st December, 1962					6
Refused registration during year			....	....	13
Cancelled during year	....	....	....	....	32
Number of persons prosecuted	....		....	....	6
Number of offences (total)		....	....	....	15
Amount of fines imposed		....	....	£35	1 0
Amount of costs awarded		£18	18 0

SANITARY SERVICES ACTS, 1878/1948

Inspections	1,395
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The operation of these Acts in this instance relates to Section 110 Act of 1878, which applies to nuisances. The complaints under this heading fall into two groups. One relates to the condition of dwellings; the accumulation of manure; the dumping of waste and garbage near dwellings, and the other concerns choked drains.

The responsibility of clearing choked drains rests with the house owner, but he usually finds it difficulty to have this done. Rods are not available. There is difficulty to get a workman for this job, and small contractors, as a rule, do not take on this work. The Council, therefore, has to provide a service to help the house owner when he fails to remedy the situation. Little difficulty is experienced when clearing a drain that serves one house only, but when combined drains are choked a lot of time is wasted by the inspector interviewing each householder on the drain; explaining to him his responsibilities, and returning later, when the efforts of those affected have failed to free the drain, to inform them of the charges that will be made by the Council if it does the job.

It appears to be impossible to attain the ideal solution of having each house separately drained, but it should be practicable to limit to small numbers, not more than six, the houses on a combined draining system. The situation in the suburbs is made more difficult by the fact that a dual system of drainage has had to be adopted in some places, so as to relieve the foul drain system of surface water. In many cases wrong connections have been made, i.e., foul water discharges into water drains and vice versa, and streams are polluted in times of heavy rain by overflowing.

TEMPORARY DWELLINGS

Sites inspected	....	....	....	....	....	163
Dwellings inspected	....	....	....	....	....	594

The number of temporary dwellings on the coast will continue to increase as this form of holiday dwelling is growing in popularity. During the year a submission was made to the Council that Bye-laws should be adopted under Section 34 of the Sanitary Services Act of 1948, for the proper control of these dwellings. Unless some standards are finally adopted, the growth of temporary dwellings will cause a proportional increase in the health hazard associated with them.

FACTORIES ACT, 1955

Inspections	11
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OFFICE PREMISES ACT, 1958

Inspections	11
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The number of offices in the County that come under this Act, are very small. Its usefulness is very much limited, by confining its operation to those where five or more persons are employed.

SHOPS (CONDITIONS OF EMPLOYMENT) ACT, 1938

Inspections	47
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Conditions are generally satisfactory. No complaints were received during the year regarding the failure of employers to provide a minimum standard for their employees.

HOUSING ACTS

Housing Working Classes, 1890-1960	}	2,339
Housing (M.P.) Act, 1931			

As in previous years, a large proportion of the inspector's time is taken up on inspections under these Acts. He is the field officer in his own area, and all inspections, no matter for what purpose, are made by him. In addition, periodic surveys are asked for, so that the housing needs of the County are always reasonably up-to-date. In order to complete the survey of unfit dwellings, initiated by the Department of Local Government, the help of one of the City inspectors was obtained. He assisted in the work both in Dun Laoghaire and in the County, and indeed only for his help it could never have been undertaken. In the County, 1,803 houses were judged to be unfit for human habitation. These houses were inspected by the engineers later to find out if they could be repaired at an economic cost.

PLANNING PROPOSALS

Inspections and Reports	397
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All planning proposals requiring the Medical Officer's recommendations, have first to be dealt with by the Health Inspector. In 1961, the number was 219 and figures for this year show a considerable increase.

INFECTIOUS DISEASES

Inspections and special report	188
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During the year the inspectors reported on a number of cases of infectious diseases where special precautions to prevent the spread of the disease were necessary. In addition, premises and bedding were disinfected in cases where it was requested by the family. The appearance of Smallpox in Western Germany, England and Wales in the early part of the year was responsible for intensive health control at the Seaport and Airport. The health inspectors were actively engaged in this work and a full report on it is made by the Port Medical Officer.

DUN LAOGHAIRE BOROUGH

The Health Inspectors who work in the Borough, in addition to their duties under the Health Acts, are authorised to operate the following Acts :—

FOOD AND DRUG ACTS

No. of samples taken	77
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The operation of these is a function of the Corporation, and one of the three Health Inspectors working in the area is an authorised sampling officer. During the year it was proposed that the Health Authority should take over responsibility for this work, and negotiations to that end are in progress. It is hoped that the transfer will occur early in the new year.

RATS AND MICE (DESTRUCTION) ACT

No. of inspections	519
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Investigations of the large number of complaints from residents in the Borough indicated that in some places there might be a reservoir of rodent infestation in the sewers, and test-baiting confirmed this. Overground treatment would be largely inactive if the sewers were not attended to at the same time. Arrangements were made with the Health Authority to have its skilled men take on the thorough treatment of the sewers. This work commenced at the end of the year. The Corporation employs a private contractor to derat its own property—the dumps and the water-front. It is extremely difficult to treat the Corporation tip effectively, as unfortunately, the tipping there has not been properly controlled. This tip-head, however, will soon be filled and when it has been levelled and tidied, it will be intensively baited.

FOOD HYGIENE REGULATIONS

Dun Laoghaire is a tourist attraction and its popularity as such, increases annually. It is necessary that the Food Hygiene Regulations should be strictly complied with, so that the standard of operation in food premises should remain high. Generally, excellent co-operation exists between the individual Inspectors, and the owners of food premises, and court proceedings are rarely resorted to.

Eight persons were prosecuted for contravention of the regulations. Six of these were street traders, who sell fish near the Quay in the afternoons and at night. It is extremely difficult to get these traders to comply with the only two requirements placed on them, namely : to raise their boxes at least 2 ft. from the ground and to wrap their fish in clean white paper.

RESULT OF COURT CASES

(a) Hotel-structure and operational hygiene unsatisfactory.
Fined £20. Costs £10 10 0.

(b) Fish stall trading	Fined 1s.	Costs	£1	1	0
(c) „ „ „	„ 10s.	„	£3	3	0
(d) „ „ „	„ 5s.	„		—	
(e) „ „ „	„ 5s.	„		—	
(f) „ „ „	„ 1s.	„	£2	2	0

Two cases arose in connection with the condition of a van from which ice-cream was sold, and the unclean condition of the food-worker in charge of the van.

The owner of the van was fined £10 0 0 and £4 4 0 Costs

The food-worker was fined £5 0 0 and £5 0 0 Costs

FACTORIES ACT

No. of inspections 63

Our responsibility under this Act and the regulations made, thereunder, place an obligation on the Health Inspector to report on the adequacy of sanitary accommodation in factories, and on the maintenance of the clean condition of the toilets.

OFFICE PREMISES ACT

No. of Inspections 11

MILK AND DAIRIES ACT

No. of Inspections 190

SLAUGHTER HOUSES

No. of Inspections 52

SHOPS (CONDITIONS OF EMPLOYMENT) ACT

No. of Inspections 58

HOUSING ACTS

No. of inspections re applications, etc. 2,455

No. of inspections re multiple dwellings 560

A country wide Housing Survey was initiated by the Department of Local Government, and one was carried out in the Borough. This survey, together with the work that had to be done on Health Control at the Port, took up a great deal of time, and certain other work of routine nature could not be attended to. As a number of inspections in this survey was of flats, these had to be made after the usual working hours.

SANITARY SERVICES

Nuisances arising in the Borough are usually remedied without much difficulty. The difficulty of draining houses in the Killiney and Ballybrack districts is being slowly overcome with the development of new main sewerage systems in the area. The position in Ballybrack is not quite satisfactory, and a number of houses there should be provided with drainage to the Council sewers.

DANCE HALLS

No. of inspections	26
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An examination of all dance halls disclosed that the standard in relation to sanitary accommodation was not uniform and in some cases was totally inadequate. It was decided to improve the situation. In the Borough and in Dublin County, each proprietor was given one year in which to comply with the present-day standards. The time limit expired in Autumn, and it was found necessary to attend Court to make formal objections in these cases where there was failure to reach the required standards. The Courts accepted the standards as reasonable, and declined to renew licences until the premises were improved. In the majority of cases the proprietors of dance halls were most co-operative.

OTHER INSPECTIONS

Mornings on duty on Health Control at Dun					
Laoghaire Pier	....	....	....	....	61
Journeys to Holyhead in the same connection	....				2

In conclusion, I wish to express my sincere thanks to my Health Inspector Colleagues and to the Staff in the Health Authority, Dublin Co. Council and Dun Laoghaire Borough for the co-operation received during the past year.

